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# **Reconnaissance 1:20,000 Fish and Fish Habitat Inventory of the Sub- Basins between and including Lorne and Mill Creeks on the North Side of the Skeena River within the Kispiox Forest District**

**WSC 400-301700- Lorne Creek - WSC 400-362300-Mill Creek**

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## **Volume II**

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| <b>Appendix I cont.</b> | Reach Cards/Site Cards/Fish Collection Forms and Photographs for Sites 613-723 |
| <b>Appendix II</b>      | Phase Completion Reports                                                       |
| <b>Appendix III</b>     | Quality Assurance Forms and Correspondence                                     |
| <b>Appendix IV</b>      | Phase I-III Project Plan (with Attachments)                                    |



# Stream Reach/Site Summary Report

Reach # ILP Map # ILP #

Watershed Code: 400-324400-52900-00000-00000-0000-000-000-000-000-000

1.0

| STREAM REFERENCING                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
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| Gazetted Name:                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               |                          | Local Name: None  |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Watershed Code: 400-324400-52900-00000-00000-0000-000-000-000-000-000                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               |                          | ILP Map #: ILP #: |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| REACH                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Reach #: 1.0                                                                                       |                                     | UTM(Zone/East/North): 9.532574.6101112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sample Type: B           |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Length (km): 1.70                                                                                  |                                     | Gradient (%): 5.94                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | US Elev (m): 544                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | Order: 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | Magnitude: 92                                                                                                                 |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Confinement: EN                                                                                    |                                     | Coupling: CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | Open water: A                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | BGC Zone: CWH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Islands: NV                                                                                        |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | Riparian Veg.: M                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | Landuse: NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| SITE                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Site #: 613                                                                                        |                                     | GIS UTM(Zone/East/North)<br>9 532813 6099675                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date: 2000/08/02                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | Agency: C172                                                                                                                  |                          |                   | Crew: EM/JD                  |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Site Lg (m): 200                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ref. Name:                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| CHANNEL                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                                     | Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Avg</th> <th>Min</th> <th>Max</th> <th>#</th> </tr> </thead> <tbody> <tr> <td>Channel Width (m):</td> <td>20.85</td> <td>18.60</td> <td>25</td> <td>6</td> </tr> <tr> <td>Wetted Width (m):</td> <td>10.23</td> <td>8.600</td> <td>11.60</td> <td>6</td> </tr> <tr> <td>Wb Depth (m):</td> <td>1.80</td> <td>1.6</td> <td>2</td> <td>3</td> </tr> </tbody> </table> |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Avg                      | Min                                                                                                                           | Max                      | #                 | Channel Width (m):           | 20.85  | 18.60   | 25     | 6       | Wetted Width (m): | 10.23   | 8.600 | 11.60 | 6  | Wb Depth (m): | 1.80                     | 1.6                      | 2                        | 3                        | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Avg %</th> <th>Min %</th> <th>Max %</th> <th>#</th> </tr> </thead> <tbody> <tr> <td>Gadient %:</td> <td>4.00</td> <td>3</td> <td>4</td> <td>4</td> </tr> <tr> <td>Pool Depth (m):</td> <td>0.72</td> <td>0.460</td> <td>0.920</td> <td>6</td> </tr> </tbody> </table> |                                     |                                     | Avg %                    | Min %                               | Max %                               | #                        | Gadient %:                    | 4.00 | 3  | 4  | 4  | Pool Depth (m): | 0.72                     | 0.460                    | 0.920                    | 6                        |                          |                          |                          |                          |                          |                          |
|                                                                                                    | Avg                                 | Min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Max                                 | #                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Channel Width (m):                                                                                 | 20.85                               | 18.60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 25                                  | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Wetted Width (m):                                                                                  | 10.23                               | 8.600                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 11.60                               | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Wb Depth (m):                                                                                      | 1.80                                | 1.6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2                                   | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|                                                                                                    | Avg %                               | Min %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Max %                               | #                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Gadient %:                                                                                         | 4.00                                | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4                                   | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Pool Depth (m):                                                                                    | 0.72                                | 0.460                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0.920                               | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                     | Temp (C): 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | pH: 7.1                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | Cond.: 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| MORPHOLOGY                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Bed Material: Dominant: C                                                                          |                                     | Subdom: G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | Bars: <input type="checkbox"/> N <input checked="" type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| D95: 50.00                                                                                         |                                     | D (cm): 35.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Pattern: ST                                                                                        |                                     | Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Coupling: CO                                                                                       |                                     | Confinement: CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | DISTURBANCE INDICATORS                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | <table style="width:100%; text-align: center;"> <tr> <td>O1</td><td>B1</td><td>B2</td><td>B3</td><td>D1</td><td>D2</td><td>D3</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>C1</td><td>C2</td><td>C3</td><td>C4</td><td>C5</td><td>S1</td><td>S2</td><td>S3</td><td>S4</td><td>S5</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |                          |                                                                                                                               |                          |                   |                              |        |         |        | O1      | B1                | B2      | B3    | D1    | D2 | D3            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            | C1                       | C2                                  | C3                                  | C4                       | C5                            | S1   | S2 | S3 | S4 | S5              | <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"/> |
| O1                                                                                                 | B1                                  | B2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | B3                                  | D1                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D2                                  | D3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| C1                                                                                                 | C2                                  | C3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | C4                                  | C5                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S1                                  | S2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S3                       | S4                                                                                                                            | S5                       |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <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"/> |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Morph: RP                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| COVER                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Total: A                                                                                           |                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> </thead> <tbody> <tr> <td>Amount:</td> <td>T</td> <td>S</td> <td>D</td> <td>N</td> <td>S</td> <td>T</td> <td>N</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               | Type:                    | SWD               | LWD                          | B      | U       | DP     | OV      | IV                | Amount: | T     | S     | D  | N             | S                        | T                        | N                        | Loc: P/S/O:              | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FSZ: <input type="checkbox"/> |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Type:                                                                                              | SWD                                 | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | B                                   | U                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DP                                  | OV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | IV                       |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Amount:                                                                                            | T                                   | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                                   | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S                                   | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | N                        |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Loc: P/S/O:                                                                                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| LWD: F                                                                                             |                                     | DIST: E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               | CROWN CLOSURE<br>1 1-20% |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| RB SHP: S                                                                                          |                                     | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | RIP: D                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | STG: PS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| LB SHP: S                                                                                          |                                     | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | RIP: C                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | STG: MF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| FEATURES                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| NID Map                                                                                            | NID                                 | Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Hgt                                 | Method                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Lg                                  | Method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Photo                    |                                                                                                                               | AirPhoto                 |                   | UTM (Zone/East/North/Method) |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 103P.008                                                                                           | 88006                               | F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10.0                                | AE                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2                                   | AE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | R:                       | F:                                                                                                                            | L:                       | #:                | 9                            | 532818 | 6099687 | GIS    |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Comments:                                                                                          |                                     | Barrier to upstream fish migration. Located approx. 100 m upstream of lower falls.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| NID Map                                                                                            | NID                                 | Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Hgt                                 | Method                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Lg                                  | Method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Photo                    |                                                                                                                               | AirPhoto                 |                   | UTM (Zone/East/North/Method) |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| 103P.008                                                                                           | 88005                               | F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4.0                                 | GE                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2                                   | GE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | R:                       | 5                                                                                                                             | F:                       | 8                 | L:                           | #:     | 9       | 532829 | 6099765 | GIS               |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Comments:                                                                                          |                                     | Potential barrier to upstream fish migration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               |                          |                   |                              |        |         |        |         |                   |         |       |       |    |               |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     |                                     |                          |                               |      |    |    |    |                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |

February 12, 2001

# FDIS Site Card

Watershed Code: 400-324400-52900-00000-00000-0000-000-000-000-000-000 Reach # 1.0 ILP Map # ILP # 613 Site 613

| PROJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                   |                                     |                                                                                                                                                                                                  |                                     |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------|---------|----------------------------------------------------------------------------------------------------|-----|-------|-------|---------|-------|-------|-------|-------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|--|--|-------|-------------------|---|------|-------|-------|------|-------|-------|--|--|--|--|-------|-----------------|----|------|------|------|------|------|------|--|--|--|--|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------|-----|-----|-----------|-----|-----|----|------------|-----|-----|----|
| Project Name: Mill Area 1:20K Stream Inventory Project<br>Stream Name (gaz.): SKEENA RIVER<br>Project Watershed Code: 400-000000-00000-00000-0000-000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                   |                                     |                                                                                                                                                                                                  |                                     |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| WATERSHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                   |                                     |                                                                                                                                                                                                  |                                     |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Project Code: 3476<br>Local Name: None<br>Watershed Code: 400-324400-52900-00000-00000-0000-000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                   |                                     |                                                                                                                                                                                                  |                                     |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Gazetted Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | Local Name: None                                                                  |                                     |                                                                                                                                                                                                  |                                     |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| ILP Map#:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | ILP #:                                                                            |                                     | NID Map #:                                                                                                                                                                                       |                                     | NID #:                              |                          | Reach #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              | 1.0                                  |         | Site #: 613                                                                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Field UTM(Zone/East/North/Method)<br>9 532813 6099675                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                   |                                     | GIS UTM(Zone/East/North)<br>9 532813 6099675                                                                                                                                                     |                                     |                                     |                          | Site Lg: 200<br>Ref. Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              | Method: HC<br>Access: H              |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Date: 2000/08/02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | Time: 11:05                                                                       |                                     | Agency: C172                                                                                                                                                                                     |                                     | Crew: EM/JD                         |                          | Fish Crd?: <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              | Incomplete: <input type="checkbox"/> |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| CHANNEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                   |                                     |                                                                                                                                                                                                  |                                     |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Mtd</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Channel Width (m):</td> <td>T</td> <td>21.20</td> <td>22.30</td> <td>25.00</td> <td>18.60</td> <td>19.10</td> <td>18.90</td> <td></td> <td></td> <td></td> <td></td> <td>20.85</td> </tr> <tr> <td>Wetted Width (m):</td> <td>T</td> <td>8.60</td> <td>10.20</td> <td>11.30</td> <td>9.60</td> <td>10.10</td> <td>11.60</td> <td></td> <td></td> <td></td> <td></td> <td>10.23</td> </tr> <tr> <td>Pool Depth (m):</td> <td>MS</td> <td>0.46</td> <td>0.92</td> <td>0.65</td> <td>0.49</td> <td>0.86</td> <td>0.91</td> <td></td> <td></td> <td></td> <td></td> <td>0.72</td> </tr> </tbody> </table> |                                     |                                                                                   |                                     |                                                                                                                                                                                                  |                                     |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    | Mtd | width | width | width   | width | width | width | width | width                    | width                    | width                    | Avg                      | Channel Width (m):                  | T                                   | 21.20                               | 22.30                    | 25.00                               | 18.60                               | 19.10                    | 18.90                                                                                                                                                            |                          |  |  |  | 20.85 | Wetted Width (m): | T | 8.60 | 10.20 | 11.30 | 9.60 | 10.10 | 11.60 |  |  |  |  | 10.23 | Pool Depth (m): | MS | 0.46 | 0.92 | 0.65 | 0.49 | 0.86 | 0.91 |  |  |  |  | 0.72 | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Gadient %</th> <th>Mtd</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Method I:</td> <td>4.0</td> <td>3.0</td> <td>AL</td> </tr> <tr> <td>Method II:</td> <td>5.0</td> <td>4.0</td> <td>AL</td> </tr> </tbody> </table> |  |  | Gadient % | Mtd | Avg | Method I: | 4.0 | 3.0 | AL | Method II: | 5.0 | 4.0 | AL |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mtd                                 | width                                                                             | width                               | width                                                                                                                                                                                            | width                               | width                               | width                    | width                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | width                        | width                                | width   | Avg                                                                                                |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Channel Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | T                                   | 21.20                                                                             | 22.30                               | 25.00                                                                                                                                                                                            | 18.60                               | 19.10                               | 18.90                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         | 20.85                                                                                              |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Wetted Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | T                                   | 8.60                                                                              | 10.20                               | 11.30                                                                                                                                                                                            | 9.60                                | 10.10                               | 11.60                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         | 10.23                                                                                              |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Pool Depth (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MS                                  | 0.46                                                                              | 0.92                                | 0.65                                                                                                                                                                                             | 0.49                                | 0.86                                | 0.91                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         | 0.72                                                                                               |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Gadient %                           | Mtd                                                                               | Avg                                 |                                                                                                                                                                                                  |                                     |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Method I:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4.0                                 | 3.0                                                                               | AL                                  |                                                                                                                                                                                                  |                                     |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Method II:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5.0                                 | 4.0                                                                               | AL                                  |                                                                                                                                                                                                  |                                     |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Wb Depth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | 1.6                                                                               |                                     | 1.8                                                                                                                                                                                              |                                     | 2.0                                 |                          | Avg: 1.80                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              | Method: MS                           |         | Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| COVER Total: A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                                   |                                     |                                                                                                                                                                                                  |                                     |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> </thead> <tbody> <tr> <td>Amount:</td> <td>T</td> <td>S</td> <td>D</td> <td>N</td> <td>S</td> <td>T</td> <td>N</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                                                                                       |                                     |                                                                                   |                                     |                                                                                                                                                                                                  |                                     |                                     |                          | Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SWD                          | LWD                                  | B       | U                                                                                                  | DP  | OV    | IV    | Amount: | T     | S     | D     | N     | S                        | T                        | N                        | Loc: P/S/O:              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CROWN CLOSURE<br>1 1-20%<br>INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SWD                                 | LWD                                                                               | B                                   | U                                                                                                                                                                                                | DP                                  | OV                                  | IV                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | T                                   | S                                                                                 | D                                   | N                                                                                                                                                                                                | S                                   | T                                   | N                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Loc: P/S/O:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| LWD: F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                   |                                     | DIST: E                                                                                                                                                                                          |                                     |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| LB SHP: S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                   |                                     | RB SHP: S                                                                                                                                                                                        |                                     |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                                   |                                     | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                                     |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| RIP: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                   |                                     | RIP: D                                                                                                                                                                                           |                                     |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| STG: MF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                   |                                     | STG: PS                                                                                                                                                                                          |                                     |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                   |                                     |                                                                                                                                                                                                  |                                     |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| EMS:<br>Temp: 7<br>pH: 7.1<br>Flood Signs: NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                   |                                     | Method: T3<br>Method: P2<br>Method: GE                                                                                                                                                           |                                     |                                     |                          | Req #:<br>Cond.: 60<br>Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                   |                                     |                                                                                                                                                                                                  |                                     |                                     |                          | Method: S4<br>Method: GE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| MORPHOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                   |                                     |                                                                                                                                                                                                  |                                     |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Bed Material: Dominant: C<br>D95: 50.0 D (cm): 35.00<br>Pattern: ST<br>Islands: N<br>Coupling: CO<br>Confinement: CO<br>FSZ: <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                   |                                     | Subdom: G<br>Morph: RP                                                                                                                                                                           |                                     |                                     |                          | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>O1</th> <th>B1</th> <th>B2</th> <th>B3</th> <th>D1</th> <th>D2</th> <th>D3</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                           |                              |                                      |         |                                                                                                    |     | O1    | B1    | B2      | B3    | D1    | D2    | D3    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| O1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | B1                                  | B2                                                                                | B3                                  | D1                                                                                                                                                                                               | D2                                  | D3                                  |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/>                                                          | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                   |                                     | DISTURBANCE INDICATORS                                                                                                                                                                           |                                     |                                     |                          | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>C1</th> <th>C2</th> <th>C3</th> <th>C4</th> <th>C5</th> <th>S1</th> <th>S2</th> <th>S3</th> <th>S4</th> <th>S5</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                              |                                      |         |                                                                                                    |     | C1    | C2    | C3      | C4    | C5    | S1    | S2    | S3                       | S4                       | S5                       | <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"/> |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| C1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | C2                                  | C3                                                                                | C4                                  | C5                                                                                                                                                                                               | S1                                  | S2                                  | S3                       | S4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | S5                           |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <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"/>     |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                   |                                     | Bars: <input type="checkbox"/> N <input checked="" type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR   |                                     |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| FEATURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                   |                                     |                                                                                                                                                                                                  |                                     |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| NID Map                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NID                                 | Type                                                                              | Hgt                                 | Method                                                                                                                                                                                           | Lg                                  | Method                              | Photo                    | AirPhoto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | UTM (Zone/East/North/Method) |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| 103P.008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 88006                               | F                                                                                 | 10.0                                | AE                                                                                                                                                                                               | 2                                   | AE                                  | R: F:                    | L: #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9                            | 532818                               | 6099887 | GIS                                                                                                |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Comments: Barrier to upstream fish migration. Located approx. 100 m upstream of lower falls.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                   |                                     |                                                                                                                                                                                                  |                                     |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| NID Map                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NID                                 | Type                                                                              | Hgt                                 | Method                                                                                                                                                                                           | Lg                                  | Method                              | Photo                    | AirPhoto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | UTM (Zone/East/North/Method) |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| 103P.008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 88005                               | F                                                                                 | 4.0                                 | GE                                                                                                                                                                                               | 2                                   | GE                                  | R: 5 F: 8                | L: #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9                            | 532829                               | 6099765 | GIS                                                                                                |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Comments: Potential barrier to upstream fish migration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                   |                                     |                                                                                                                                                                                                  |                                     |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| HABITAT QUALITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                   |                                     |                                                                                                                                                                                                  |                                     |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | Comments                                                                          |                                     |                                                                                                                                                                                                  |                                     |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |
| OverWinter Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | Overwintering habitat present-deep pools greater than 1.5 m are located in canyon |                                     |                                                                                                                                                                                                  |                                     |                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                      |         |                                                                                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                  |                          |  |  |  |       |                   |   |      |       |       |      |       |       |  |  |  |  |       |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |           |     |     |           |     |     |    |            |     |     |    |

# FDIS Site Card

Reach #    ILP Map #    ILP #    Site

Watershed Code: 400-324400-52900-00000-0000-0000-000-000-000-000-000

1.0

613

| HABITAT QUALITY  |   |                 |                                                                                       |          |   |                                                                  |
|------------------|---|-----------------|---------------------------------------------------------------------------------------|----------|---|------------------------------------------------------------------|
| Name             |   |                 | Comments                                                                              |          |   |                                                                  |
| Spawning Habitat |   |                 | Moderate spawning habitat-suitable gravel present, limited by gradient and high flows |          |   |                                                                  |
| Rearing Habitat  |   |                 | High quality rearing habitat-deep pools, abundant cover, high habitat complexity      |          |   |                                                                  |
| PHOTOS           |   |                 |                                                                                       |          |   |                                                                  |
| Photo            |   | Foc Lg          | Dir                                                                                   | Comments |   |                                                                  |
| R:               | 5 | F:              | 10                                                                                    | STD      | U | Upstream photo of the base of the canyon section                 |
| R:               | 5 | F:              | 8                                                                                     | STD      | U | Upstream photo of a 4 m falls                                    |
| R:               | 5 | F:              | 9                                                                                     | STD      | D | Downstream photo of a riffle located upstream of the confluence. |
| COMMENTS         |   |                 |                                                                                       |          |   |                                                                  |
| Section          |   | Comments        |                                                                                       |          |   |                                                                  |
| SITE CARD        |   | Fish form 30554 |                                                                                       |          |   |                                                                  |
| CHANNEL          |   | DV Captured     |                                                                                       |          |   |                                                                  |
| CHANNEL          |   | S1 Stream       |                                                                                       |          |   |                                                                  |

# FDIS Fish Form

Reach #      ILP Map #      ILP #

Watershed Code:      400-324400-52900-00000-0000-0000-000-000-000-000-000

1.0

| WATERBODY                                                       |          |       |                                                         |                |          |                |                |                 |                         |              |                         |     |                                    |        |         |  |
|-----------------------------------------------------------------|----------|-------|---------------------------------------------------------|----------------|----------|----------------|----------------|-----------------|-------------------------|--------------|-------------------------|-----|------------------------------------|--------|---------|--|
| Gazetted Name:                                                  |          |       |                                                         |                |          |                |                |                 |                         | Local: None  |                         |     |                                    |        |         |  |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-000-0 |          |       |                                                         |                |          |                |                |                 |                         |              |                         |     |                                    |        |         |  |
| WS Code: 400-324400-52900-00000-0000-0000-000-000-000-000-000   |          |       |                                                         |                |          |                |                |                 |                         |              |                         |     |                                    |        |         |  |
| Waterbody ID:                                                   |          |       |                                                         | ILP Map #:     |          |                |                | ILP #:          |                         | Reach #: 1 - |                         |     |                                    |        |         |  |
| Project ID: 3476                                                |          |       |                                                         | Lake/Stream: S |          |                |                | Lake From Date: |                         |              |                         |     |                                    |        |         |  |
| Fish Permit #: 25350K                                           |          |       | Date: 2000/08/02                                        |                |          | To: 2000/08/02 |                |                 | Agency: C172            |              | Crew: EM/JD             |     | Resample: <input type="checkbox"/> |        |         |  |
| SITE / METHOD                                                   |          |       |                                                         |                |          |                |                |                 |                         |              |                         |     |                                    |        |         |  |
| Site#                                                           | NID Map  | NID # | UTM:Zone/East/North/Mthd                                |                |          | MTD/NO         |                | Temp            | Cond                    | Turbid       | Comment                 |     |                                    |        |         |  |
| 613                                                             | 103P.008 | 60013 |                                                         |                |          | EF             | 2              | 7               | 60                      | C            | Immediately above falls |     |                                    |        |         |  |
| 616                                                             | 103P.008 | 60016 |                                                         |                |          | EF             | 1              | 7               | 60                      | C            | Above falls             |     |                                    |        |         |  |
| 613                                                             | 103P.008 | 60013 |                                                         |                |          | EF             | 1              | 7               | 60                      | C            |                         |     |                                    |        |         |  |
| A. GEAR SETTINGS                                                |          |       |                                                         |                |          |                |                |                 |                         |              |                         |     |                                    |        |         |  |
| Site#                                                           | MTD/NO   | H/P   | Date In                                                 | Time In        | Date Out | Time Out       | Comment        |                 |                         |              |                         |     |                                    |        |         |  |
| 613                                                             | EF       | 2     | 1                                                       | 2000/08/02     | 11:40    | 2000/08/02     | 11:58          |                 |                         |              |                         |     |                                    |        |         |  |
| 616                                                             | EF       | 1     | 1                                                       | 2000/08/02     | 13:30    | 2000/08/02     | 14:10          |                 |                         |              |                         |     |                                    |        |         |  |
| 613                                                             | EF       | 1     | 1                                                       | 2000/08/02     | 11:05    | 2000/08/02     | 11:40          |                 |                         |              |                         |     |                                    |        |         |  |
| C. ELECTROFISHER SPECIFICATIONS                                 |          |       |                                                         |                |          |                |                |                 |                         |              |                         |     |                                    |        |         |  |
| Site#                                                           | MTD/NO   | H/P   | Encl                                                    | Sec            | Lnth     | Wdth           | Voltage        | Frequency       | Pulse                   | Make         | Model                   |     |                                    |        |         |  |
| 613                                                             | EF       | 2     | 1                                                       | O              | 97       | 50.0           | 6.0            | 600             | 60                      | 6            | SMITH<br>ROOT           | 12B |                                    |        |         |  |
| 616                                                             | EF       | 1     | 1                                                       | O              | 280      | 250.0          | 10.0           | 600             | 60                      | 6            | SMITH<br>ROOT           | 12B |                                    |        |         |  |
| 613                                                             | EF       | 1     | 1                                                       | O              | 315      | 100.0          | 6.0            | 600             | 60                      | 6            | SMITH<br>ROOT           | 12B |                                    |        |         |  |
| FISH SUMMARY                                                    |          |       |                                                         |                |          |                |                |                 |                         |              |                         |     |                                    |        |         |  |
| Site#                                                           | MTD/NO   | H/P   | Species                                                 | Stage          | Age      | Total #        | Lgth (Min/Max) | FishAct         | Comment                 |              |                         |     |                                    |        |         |  |
| 613                                                             | EF       | 2     | 1                                                       | NFC            |          | 0              |                |                 | Immediately above falls |              |                         |     |                                    |        |         |  |
| 616                                                             | EF       | 1     | 1                                                       | NFC            |          | 0              |                |                 | Above the falls         |              |                         |     |                                    |        |         |  |
| 613                                                             | EF       | 1     | 1                                                       | DV             | J        | 3              | 115   165      | R               |                         |              |                         |     |                                    |        |         |  |
| INDIVIDUAL FISH DATA                                            |          |       |                                                         |                |          |                |                |                 |                         |              |                         |     |                                    |        |         |  |
| Site#                                                           | MTD/NO   | H/P   | Species                                                 | Length         | Weight   | Sex            | Mat            | Age             |                         | Vch#         | Genetic                 |     | Roll #                             | Frame# | Comment |  |
|                                                                 |          |       |                                                         |                |          |                |                | Str/Smpl#       | Age                     |              | Str/Smpl#               |     |                                    |        |         |  |
| 613                                                             | EF       | 1     | 1                                                       | DV             | 115      |                | U              | U               |                         |              |                         |     |                                    |        |         |  |
| 613                                                             | EF       | 1     | 1                                                       | DV             | 165      |                | U              | U               |                         |              |                         |     |                                    |        |         |  |
| 613                                                             | EF       | 1     | 1                                                       | DV             | 136      |                | U              | U               |                         |              |                         |     |                                    |        |         |  |
| COMMENTS                                                        |          |       |                                                         |                |          |                |                |                 |                         |              |                         |     |                                    |        |         |  |
| Section                                                         |          |       | Comments                                                |                |          |                |                |                 |                         |              |                         |     |                                    |        |         |  |
| WATERBODY                                                       |          |       | Access extremely limited immediately upstream of falls. |                |          |                |                |                 |                         |              |                         |     |                                    |        |         |  |

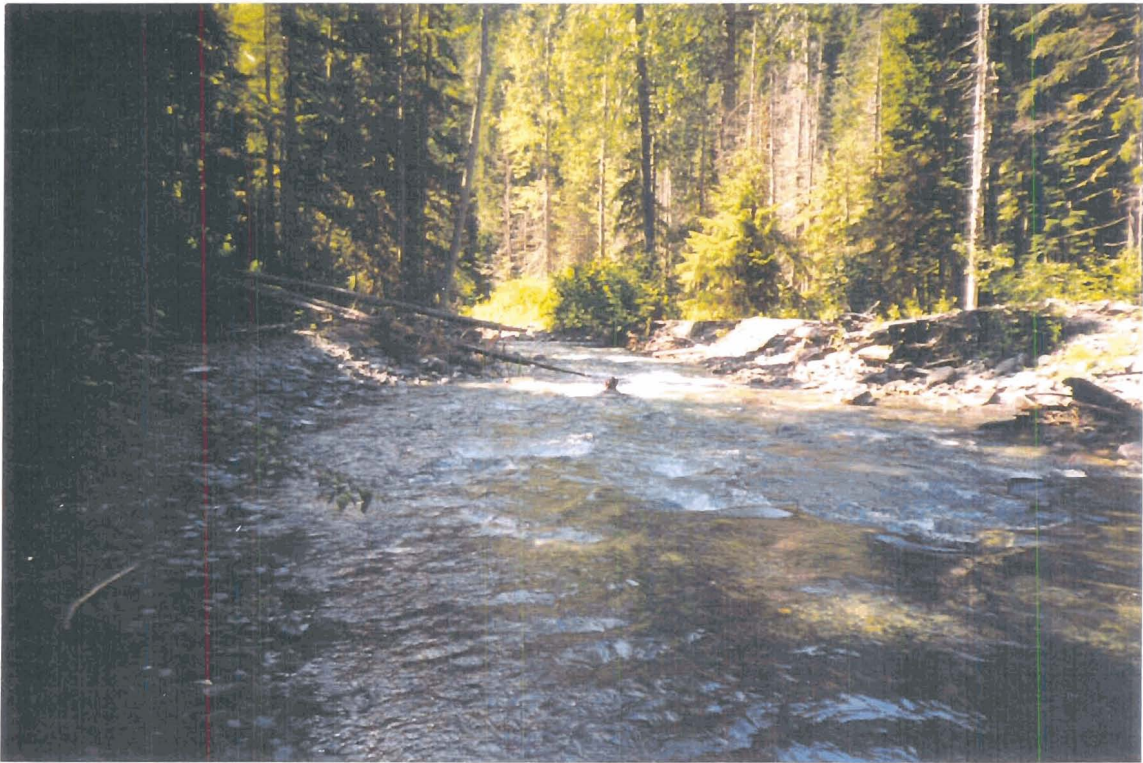


Site #613, Upstream photo of a 4 m falls  
Roll #5, Frame #8, Date: 2000/08/02



Site #613, Upstream photo of the base of the canyon section  
Roll #5, Frame #10, Date: 2000 08/02





Site #613, Downstream photo of a riffle located upstream of the confluence.  
Roll #5, Frame #9, Date: 2000 08/02



# FDIS Site Card

**Watershed Code:** 000-000000-00000-00000-0000-0000-000-000-000-000-000-000-000

| Reach # | ILP Map # | ILP # | Site |
|---------|-----------|-------|------|
| 2.0     | 103P.008  | 10176 | 614  |

| PROJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                                                                                                                                                                                |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----|-------|-------|-------|-------|-------|-------|-------|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|------|-------------------|---|------|------|------|------|------|------|--|--|--|--|------|-----------------|----|------|------|------|------|------|------|--|--|--|--|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-----------|-----|-----|-----------|---------|----|------|------------|-----------|----|--|
| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                                                                                                                                                |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      | Project Code: 3476                                                                                                            |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                                                                                                                |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Project Watershed Code: 400-000000-00000-00000-0000-0000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                                                                                                                                                |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| WATERSHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                                                                                                                                                                |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Gazetted Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      | Local Name: None                                                                                                              |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                                                                                                                                                                |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| ILP Map#: 103P.008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                                                                                                                                | ILP #: 10176             |                                     | NID Map #: 103P.008      |                                     |                                     | NID #: 60014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                      | Reach #: 2.0                                                                                                                  |                                                                                                                                              | Site #: 614                          |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Field UTM(Zone/East/North/Method)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                                                                                                                                                                |                          |                                     | GIS UTM(Zone/East/North) |                                     |                                     | Site Lg: 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                      | Method: HC                                                                                                                    |                                                                                                                                              | Access: H                            |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                                                                                                |                          |                                     | 9 526345 6098317         |                                     |                                     | Ref. Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Date: 2000/08/02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                                                                                                                | Time: 11:50              |                                     | Agency: C172             |                                     |                                     | Crew: EM/JD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      | Fish Crd?: <input checked="" type="checkbox"/>                                                                                |                                                                                                                                              | Incomplete: <input type="checkbox"/> |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| CHANNEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                                                                                                                                                                                |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Mtd</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>Avg</th> </tr> <tr> <td>Channel Width (m):</td> <td>T</td> <td>5.21</td> <td>4.95</td> <td>5.10</td> <td>5.20</td> <td>4.71</td> <td>5.00</td> <td></td> <td></td> <td></td> <td></td> <td>5.03</td> </tr> <tr> <td>Wetted Width (m):</td> <td>T</td> <td>3.61</td> <td>3.50</td> <td>3.70</td> <td>3.82</td> <td>3.40</td> <td>2.91</td> <td></td> <td></td> <td></td> <td></td> <td>3.49</td> </tr> <tr> <td>Pool Depth (m):</td> <td>MS</td> <td>0.41</td> <td>0.36</td> <td>0.42</td> <td>0.25</td> <td>0.51</td> <td>0.60</td> <td></td> <td></td> <td></td> <td></td> <td>0.43</td> </tr> </table> |                          |                                                                                                                                                                                                |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      | Mtd | width | width | width | width | width | width | width | width | width                    | width                    | Avg                      | Channel Width (m):       | T                        | 5.21                     | 4.95                     | 5.10                     | 5.20                     | 4.71                     | 5.00                     |                          |                          |  |  | 5.03 | Wetted Width (m): | T | 3.61 | 3.50 | 3.70 | 3.82 | 3.40 | 2.91 |  |  |  |  | 3.49 | Pool Depth (m): | MS | 0.41 | 0.36 | 0.42 | 0.25 | 0.51 | 0.60 |  |  |  |  | 0.43 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Gadient %</th> <th>Mtd</th> <th>Avg</th> </tr> <tr> <td>Method I:</td> <td>8.0 7.0</td> <td>AL</td> <td>8.75</td> </tr> <tr> <td>Method II:</td> <td>10.0 10.0</td> <td>AL</td> <td></td> </tr> </table> |  |  |  | Gadient % | Mtd | Avg | Method I: | 8.0 7.0 | AL | 8.75 | Method II: | 10.0 10.0 | AL |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Mtd                      | width                                                                                                                                                                                          | width                    | width                               | width                    | width                               | width                               | width                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | width                                                                                                                                | width                                                                                                                         | width                                                                                                                                        | Avg                                  |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Channel Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T                        | 5.21                                                                                                                                                                                           | 4.95                     | 5.10                                | 5.20                     | 4.71                                | 5.00                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              | 5.03                                 |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Wetted Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | T                        | 3.61                                                                                                                                                                                           | 3.50                     | 3.70                                | 3.82                     | 3.40                                | 2.91                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              | 3.49                                 |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Pool Depth (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MS                       | 0.41                                                                                                                                                                                           | 0.36                     | 0.42                                | 0.25                     | 0.51                                | 0.60                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              | 0.43                                 |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Gadient %                | Mtd                                                                                                                                                                                            | Avg                      |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Method I:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 8.0 7.0                  | AL                                                                                                                                                                                             | 8.75                     |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Method II:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 10.0 10.0                | AL                                                                                                                                                                                             |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Wb Depth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | .6                                                                                                                                                                                             | .7                       | .7                                  | Avg: 0.67                |                                     | Method: MS                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/>                                   |                                                                                                                               | No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/><br>Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/> |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| COVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                                                                                                                                |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Total: A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | SWD                                                                                                                                                                                            | LWD                      | B                                   | U                        | DP                                  | OV                                  | IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CROWN CLOSURE                                                                                                                        |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | N                                                                                                                                                                                              | N                        | S                                   | N                        | D                                   | T                                   | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0 0%                                                                                                                                 |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Loc: P/S/O:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | <input type="checkbox"/>                                                                                                                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| LWD: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | DIST: NA                                                                                                                                                                                       |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| LB SHP: V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | RB SHP: V                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input checked="" type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A          |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| RIP: S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | RIP: G                                                                                                                                                                                         |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| STG: SHR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | STG: INIT                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                                                                                                                                |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| EMS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                                                                                                                                                                |                          |                                     | Req #:                   |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Temp: 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                |                          |                                     | Method: T3               |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      | Cond.: 60                                                                                                                     |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| pH: 7.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                                                                                                                                                                                |                          |                                     | Method: P2               |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      | Method: S4                                                                                                                    |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Flood Signs: NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                                                                                                                                                                |                          |                                     | Method: GE               |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                                                                                                |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      | Method: GE                                                                                                                    |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| MORPHOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Bed Material:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          | Dominant: R                                                                                                                                                                                    |                          |                                     | Subdom: B                |                                     |                                     | <table style="width:100%;"> <tr> <td>O1</td><td>B1</td><td>B2</td><td>B3</td><td>D1</td><td>D2</td><td>D3</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>                                                                                                                                     |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       | O1    | B1    | B2    | B3    | D1    | D2    | D3    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| O1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | B1                       | B2                                                                                                                                                                                             | B3                       | D1                                  | D2                       | D3                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| D95: 80.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | D (cm): 40.00                                                                                                                                                                                  |                          |                                     | Morph: CP                |                                     |                                     | <table style="width:100%;"> <tr> <td>C1</td><td>C2</td><td>C3</td><td>C4</td><td>C5</td><td>S1</td><td>S2</td><td>S3</td><td>S4</td><td>S5</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       | C1    | C2    | C3    | C4    | C5    | S1    | S2    | S3                       | S4                       | S5                       | <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"/> |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| C1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | C2                       | C3                                                                                                                                                                                             | C4                       | C5                                  | S1                       | S2                                  | S3                                  | S4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S5                                                                                                                                   |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| <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"/>                                                                                                             |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Pattern: IR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                                                                                                |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Coupling: CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                                                                                                                                                |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Confinement: CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                                                                                                |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| FSZ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| HABITAT QUALITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                                                                                                |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | Comments                                                                                                                                                                                       |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| OverWinter Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | Poor overwintering habitat-some deep pools present                                                                                                                                             |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Spawning Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | Poor spawning habitat-high gradient and large substrates                                                                                                                                       |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Rearing Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | Poor rearing habitat-access within reach is limited by obstructions and small cascades                                                                                                         |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| PHOTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                                                                                                                                                |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Photo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | Foc Lg                                                                                                                                                                                         |                          | Dir                                 |                          | Comments                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| R:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5                        | F:                                                                                                                                                                                             | 11                       | STD                                 |                          | U                                   |                                     | Upstream photo of cascade pool habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| R:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5                        | F:                                                                                                                                                                                             | 12                       | STD                                 |                          | D                                   |                                     | Downstream photo of riffle habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |
| Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | Comments                                                                                                                                                                                       |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                               |                                                                                                                                              |                                      |     |       |       |       |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |           |    |  |



# FDIS Site Card

Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000-000  
 Reach # 2.0 ILP Map # 103P.008 ILP # 10176 Site 614

| Section   | Comments                                                                     |
|-----------|------------------------------------------------------------------------------|
| SITE CARD | Fish form 30500                                                              |
| CHANNEL   | No fish captured. Barriers to upstream fish migration are located downstream |
| CHANNEL   | S5 Stream                                                                    |

## FDIS Fish Form

| Watershed Code:                                     |  | Reach # | ILP Map # | ILP # |
|-----------------------------------------------------|--|---------|-----------|-------|
| 000-000000-00000-00000-0000-000-000-000-000-000-000 |  | 2.0     | 103P-008  | 10176 |

| WATERBODY                                                       |          |       |                          |                     |            |                |         |                 |              |              |             |                                    |
|-----------------------------------------------------------------|----------|-------|--------------------------|---------------------|------------|----------------|---------|-----------------|--------------|--------------|-------------|------------------------------------|
| Gazetted Name:                                                  |          |       |                          |                     |            |                |         |                 |              | Local: None  |             |                                    |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-000-0 |          |       |                          |                     |            |                |         |                 |              |              |             |                                    |
| WS Code: 000-000000-00000-00000-0000-000-000-000-000-000-000    |          |       |                          |                     |            |                |         |                 |              |              |             |                                    |
| Waterbody ID:                                                   |          |       |                          | ILP Map #: 103P.008 |            |                |         | ILP #: 10176    |              | Reach #: 2 - |             |                                    |
| Project ID: 3476                                                |          |       |                          | Lake/Stream: S      |            |                |         | Lake From Date: |              |              |             |                                    |
| Fish Permit #: 25350K                                           |          |       | Date: 2000/08/02         |                     |            | To: 2000/08/02 |         |                 | Agency: C172 |              | Crew: EM/JD | Resample: <input type="checkbox"/> |
| SITE / METHOD                                                   |          |       |                          |                     |            |                |         |                 |              |              |             |                                    |
| Site#                                                           | NID Map  | NID # | UTM:Zone/East/North/Mthd |                     |            | MTD/NO         | Temp    | Cond            | Turbid       | Comment      |             |                                    |
| 614                                                             | 103P.008 | 60014 |                          |                     |            | EF 1           | 11      | 60              | C            |              |             |                                    |
| A. GEAR SETTINGS                                                |          |       |                          |                     |            |                |         |                 |              |              |             |                                    |
| Site#                                                           | MTD/NO   | H/P   | Date In                  | Time In             | Date Out   | Time Out       | Comment |                 |              |              |             |                                    |
| 614                                                             | EF 1     | 1     | 2000/08/02               | 11:50               | 2000/08/02 | 12:30          |         |                 |              |              |             |                                    |
| C. ELECTROFISHER SPECIFICATIONS                                 |          |       |                          |                     |            |                |         |                 |              |              |             |                                    |
| Site#                                                           | MTD/NO   |       | H/P                      | Encl                | Sec        | Lnth           | Wdth    | Voltage         | Frequency    | Pulse        | Make        | Model                              |
| 614                                                             | EF       | 1     | 1                        | O                   | 217        | 200.0          | 3.5     | 600             | 60           | 6            | SMITH ROOT  | 12B                                |
| FISH SUMMARY                                                    |          |       |                          |                     |            |                |         |                 |              |              |             |                                    |
| Site#                                                           | MTD/NO   |       | H/P                      | Species             | Stage      | Age            | Total # | Lgth (Min/Max)  |              | FishAct      | Comment     |                                    |
| 614                                                             | EF       | 1     | 1                        | NFC                 |            |                | 0       |                 |              |              |             |                                    |



Site #614, Upstream photo of cascade pool habitat  
Roll #5, Frame #11, Date: 2000/08/02



Site #614, Downstream photo of riffle habitat  
Roll #5, Frame #12, Date: 2000/08/02

# Stream Reach/Site Summary Report

Watershed Code: 000-000000-00000-00000-0000-000-000-000-000-000-000

Reach # 3.0 ILP Map # 103P.008 ILP # 10173

| STREAM REFERENCING                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
|----------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|---------------|------|-----|-----|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------|---|------------|------|---|---|---|-----------------|------|-------|-------|---|
| Gazetted Name:                                                                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             | Local Name: None                    |                                     |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| Watershed Code: 000-000000-00000-00000-0000-000-000-000-000-000-000                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             | ILP Map #: 103P.008                 |                                     | ILP #: 10173                        |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| REACH                                                                                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| Reach #: 3.0                                                                                       |                          | UTM(Zone/East/North): 9.526301.6098661                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             | Sample Type: B                      |                                     |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| Length (km): .74                                                                                   |                          | Gradient (%): 4.86                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | US Elev (m): 1133                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | Order: 2                            |                                     | Magnitude: 3                                                                                                                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| Confinement: OC                                                                                    |                          | Coupling: DC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | Open water: P                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | BGC Zone: AT                        |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| Islands: N                                                                                         |                          | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | Riparian Veg.: S                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | Landuse: NO                         |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| SITE                                                                                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| Site #: 615                                                                                        |                          | GIS UTM(Zone/East/North)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date: 2000/08/02                    |                                     | Agency: C172                        |                                                                                                                               | Crew: EM/JD              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| Site Lg (m): 200                                                                                   |                          | 9 526419 6098693                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ref. Name:                          |                                     |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| CHANNEL                                                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                          | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th></th> <th>Avg</th> <th>Min</th> <th>Max</th> <th>#</th> </tr> <tr> <td>Channel Width (m):</td> <td>2.35</td> <td>2.1</td> <td>2.6</td> <td>6</td> </tr> <tr> <td>Wetted Width (m):</td> <td>1.43</td> <td>1.200</td> <td>1.700</td> <td>6</td> </tr> <tr> <td>Wb Depth (m):</td> <td>0.47</td> <td>0.4</td> <td>0.5</td> <td>3</td> </tr> </table>                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     | Avg                                 | Min                                                                                                                           | Max                      | #                        | Channel Width (m):       | 2.35                     | 2.1                      | 2.6                      | 6                        | Wetted Width (m):        | 1.43                     | 1.200                    | 1.700                    | 6 | Wb Depth (m): | 0.47 | 0.4 | 0.5 | 3           | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th></th> <th>Avg %</th> <th>Min %</th> <th>Max %</th> <th>#</th> </tr> <tr> <td>Gadient %:</td> <td>2.25</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>Pool Depth (m):</td> <td>0.33</td> <td>0.200</td> <td>0.600</td> <td>6</td> </tr> </table> |                          |                                     |                                     |                                     | Avg %                               | Min %                               | Max %                         | # | Gadient %: | 2.25 | 2 | 3 | 4 | Pool Depth (m): | 0.33 | 0.200 | 0.600 | 6 |
|                                                                                                    | Avg                      | Min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Max                                 | #                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| Channel Width (m):                                                                                 | 2.35                     | 2.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2.6                                 | 6                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| Wetted Width (m):                                                                                  | 1.43                     | 1.200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1.700                               | 6                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| Wb Depth (m):                                                                                      | 0.47                     | 0.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0.5                                 | 3                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
|                                                                                                    | Avg %                    | Min %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Max %                               | #                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| Gadient %:                                                                                         | 2.25                     | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3                                   | 4                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| Pool Depth (m):                                                                                    | 0.33                     | 0.200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0.600                               | 6                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                      |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |                          | Temp (C): 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | pH: 7.0                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | Cond.: 60                           |                                     | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| MORPHOLOGY                                                                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| Bed Material: Dominant: C                                                                          |                          | Subdom: B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                              |                                     |                                     |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| D95: 40.00                                                                                         |                          | D (cm): 10.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| Pattern: IR                                                                                        |                          | Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                     |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| Coupling: DC                                                                                       |                          | Confinement: UN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |                                     |                                     |                                     |                                                                                                                               |                          | <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"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| Morph: RP                                                                                          |                          | DISTURBANCE INDICATORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
|                                                                                                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |                                     |                                     |                                     |                                                                                                                               |                          | <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"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| COVER                                                                                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| Total: M                                                                                           |                          | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> <tr> <td>Amount:</td> <td>N</td> <td>N</td> <td>D</td> <td>T</td> <td>S</td> <td>T</td> <td>T</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td> </tr> </table> |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                                                                                                               | Type:                    | SWD                      | LWD                      | B                        | U                        | DP                       | OV                       | IV                       | Amount:                  | N                        | N                        | D | T             | S    | T   | T   | Loc: P/S/O: | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | FSZ: <input type="checkbox"/> |   |            |      |   |   |   |                 |      |       |       |   |
| Type:                                                                                              | SWD                      | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | B                                   | U                                                                                                                                                                                                                                                                                                                                                                                                                                           | DP                                  | OV                                  | IV                                  |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| Amount:                                                                                            | N                        | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D                                   | T                                                                                                                                                                                                                                                                                                                                                                                                                                           | S                                   | T                                   | T                                   |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| Loc: P/S/O:                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| LWD: N                                                                                             |                          | DIST: NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | INSTREAM VEG: N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input type="checkbox"/>                                                                                                                                                                                                                                                                                                        |                                     | CROWN CLOSURE                       |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| RB SHP: S                                                                                          |                          | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | RIP: S                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | STG: SHR                            |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| LB SHP: O                                                                                          |                          | Texture: <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | RIP: G                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | STG: INIT                           |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
|                                                                                                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | 1 1-20%                             |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| FISH                                                                                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| Site Number                                                                                        | Capture Method           | Number of Events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Total Length (m)                    | Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                  | Voltage                             | Species                             | Total Fish                          | Minimum Length (mm)                                                                                                           | Maximum Length (mm)      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |
| 615                                                                                                | EF                       | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 200                                 | 281 sec                                                                                                                                                                                                                                                                                                                                                                                                                                     | 600                                 | NFC                                 | 0                                   |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |       |       |   |

February 12, 2001



# FDIS Site Card

Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000-000 Reach # 3.0 ILP Map # 103P.008 ILP # 10173 Site 615

| PROJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                       |                          |                                     |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
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| <div style="display: flex; justify-content: space-between;"> <div> <b>Project Name:</b> Mill Area 1:20K Stream Inventory Project<br/> <b>Stream Name (gaz.):</b> SKEENA RIVER<br/> <b>Project Watershed Code:</b> 400-000000-00000-00000-0000-0000-000-000-000-000-000 </div> <div> <b>Project Code:</b> 3476 </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                       |                          |                                     |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| WATERSHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                       |                          |                                     |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| <b>Gazetted Name:</b> _____ <b>Local Name:</b> None<br><b>Watershed Code:</b> 000-000000-00000-00000-0000-0000-000-000-000-000-000<br><b>ILP Map#:</b> 103P.008 <b>ILP #:</b> 10173 <b>NID Map #:</b> 103P.008 <b>NID #:</b> 60015 <b>Reach #:</b> 3.0 <b>Site #:</b> 615                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                       |                          |                                     |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| <b>Field UTM(Zone/East/North/Method)</b><br><div style="border: 1px solid black; padding: 2px;"> 9    526419    6098693 </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                       |                          |                                     |                                     | <b>GIS UTM(Zone/East/North)</b><br><div style="border: 1px solid black; padding: 2px;"> 9    526419    6098693 </div> |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          | <b>Site Lg:</b> 200<br><b>Ref. Name:</b> _____<br><b>Method:</b> HC <b>Access:</b> H |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| <b>Date:</b> 2000/08/02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                       | <b>Time:</b> 12:40       |                                     | <b>Agency:</b> C172                 |                                                                                                                       | <b>Crew:</b> EM/JD                                                                                        |                                     | <b>Fish Crd?:</b> <input checked="" type="checkbox"/>                                                                                                                                                                                                           |                                                                                                                                                                          |                                                                                      | <b>Incomplete:</b> <input type="checkbox"/> |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| CHANNEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                       |                          |                                     |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Mtd</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td><b>Channel Width (m):</b></td> <td>T</td> <td>2.20</td> <td>2.30</td> <td>2.40</td> <td>2.50</td> <td>2.60</td> <td>2.10</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2.35</td> </tr> <tr> <td><b>Wetted Width (m):</b></td> <td>T</td> <td>1.60</td> <td>1.70</td> <td>1.40</td> <td>1.30</td> <td>1.20</td> <td>1.40</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1.43</td> </tr> <tr> <td><b>Pool Depth (m):</b></td> <td>MS</td> <td>0.60</td> <td>0.40</td> <td>0.30</td> <td>0.20</td> <td>0.20</td> <td>0.30</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.33</td> </tr> </tbody> </table>            |                                                                                                                                                                                                       |                          |                                     |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      | Mtd | width                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | width                                                                                                                                                                                                 | width              | width                                             | width            | width                                                      | width           | width                                                                             | width      | width              | width                    | Avg                      | <b>Channel Width (m):</b>           | T                                   | 2.20                                | 2.30                                | 2.40                                | 2.50                                                                                                                                                                              | 2.60 | 2.10 |  |  |  |  |  | 2.35 | <b>Wetted Width (m):</b> | T | 1.60 | 1.70 | 1.40 | 1.30 | 1.20 | 1.40 |  |  |  |  |  | 1.43 | <b>Pool Depth (m):</b> | MS | 0.60 | 0.40 | 0.30 | 0.20 | 0.20 | 0.30 |  |  |  |  |  | 0.33 | <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Gadient %</th> <th>Mtd</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td><b>Method I:</b></td> <td>2.0</td> <td>3.0</td> <td>AL</td> </tr> <tr> <td><b>Method II:</b></td> <td>2.0</td> <td>2.0</td> <td>AL</td> </tr> </tbody> </table> |  |  | Gadient % | Mtd | Avg | <b>Method I:</b> | 2.0 | 3.0 | AL | <b>Method II:</b> | 2.0 | 2.0 | AL |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Mtd                                                                                                                                                                                                   | width                    | width                               | width                               | width                                                                                                                 | width                                                                                                     | width                               | width                                                                                                                                                                                                                                                           | width                                                                                                                                                                    | width                                                                                | width                                       | width | Avg  |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| <b>Channel Width (m):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | T                                                                                                                                                                                                     | 2.20                     | 2.30                                | 2.40                                | 2.50                                                                                                                  | 2.60                                                                                                      | 2.10                                |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       | 2.35 |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| <b>Wetted Width (m):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | T                                                                                                                                                                                                     | 1.60                     | 1.70                                | 1.40                                | 1.30                                                                                                                  | 1.20                                                                                                      | 1.40                                |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       | 1.43 |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| <b>Pool Depth (m):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MS                                                                                                                                                                                                    | 0.60                     | 0.40                                | 0.30                                | 0.20                                                                                                                  | 0.20                                                                                                      | 0.30                                |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       | 0.33 |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
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| <b>Method I:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2.0                                                                                                                                                                                                   | 3.0                      | AL                                  |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| <b>Method II:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2.0                                                                                                                                                                                                   | 2.0                      | AL                                  |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| <b>Wb Depth:</b> .4    .5    .5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       | <b>Avg:</b> 0.47         |                                     | <b>Method:</b> MS                   |                                                                                                                       | <b>Stage:</b> L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |                                     |                                                                                                                                                                                                                                                                 | <b>No Vis.Ch.:</b> <input type="checkbox"/> <b>Intermittent:</b> <input type="checkbox"/><br><b>Dw:</b> <input type="checkbox"/> <b>Tribs.:</b> <input type="checkbox"/> |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| <b>COVER</b> <span style="float: right;">Total: M</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                       |                          |                                     |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> </thead> <tbody> <tr> <td><b>Amount:</b></td> <td>N</td> <td>N</td> <td>D</td> <td>T</td> <td>S</td> <td>T</td> <td>T</td> </tr> <tr> <td><b>Loc: P/S/O:</b></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                       |                          |                                     |                                     |                                                                                                                       |                                                                                                           |                                     | Type:                                                                                                                                                                                                                                                           | SWD                                                                                                                                                                      | LWD                                                                                  | B                                           | U     | DP   | OV  | IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Amount:</b>                                                                                                                                                                                        | N                  | N                                                 | D                | T                                                          | S               | T                                                                                 | T          | <b>Loc: P/S/O:</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <b>CROWN CLOSURE</b><br>1    1-20%<br><b>INSTREAM VEG:</b> N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input type="checkbox"/> |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SWD                                                                                                                                                                                                   | LWD                      | B                                   | U                                   | DP                                                                                                                    | OV                                                                                                        | IV                                  |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| <b>Amount:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | N                                                                                                                                                                                                     | N                        | D                                   | T                                   | S                                                                                                                     | T                                                                                                         | T                                   |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| <b>Loc: P/S/O:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                   | <input checked="" type="checkbox"/>                                                                       | <input checked="" type="checkbox"/> |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| <b>LWD:</b> N <b>DIST:</b> NA<br><b>LB SHP:</b> O<br><b>Texture:</b> <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A<br><b>RIP:</b> G<br><b>STG:</b> INIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                       |                          |                                     |                                     |                                                                                                                       |                                                                                                           |                                     | <b>RB SHP:</b> S<br><b>Texture:</b> <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A<br><b>RIP:</b> S<br><b>STG:</b> SHR |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                       |                          |                                     |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| <b>EMS:</b> <b>Temp:</b> 13 <b>Method:</b> T3 <b>Req #:</b> _____<br><b>pH:</b> 7.0 <b>Method:</b> P2 <b>Cond.:</b> 60<br><b>Flood Signs:</b> NONE <b>Method:</b> GE <b>Turb.:</b> <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C <b>Method:</b> S4 <b>Method:</b> GE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                       |                          |                                     |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| MORPHOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                       |                          |                                     |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| <b>Bed Material:</b> Dominant: C Subdom: B<br><b>D95:</b> 40.0 <b>D (cm):</b> 10.00 <b>Morph:</b> RP<br><b>Pattern:</b> IR <b>Islands:</b> N<br><b>Coupling:</b> DC <b>Confinement:</b> UN<br><b>FSZ:</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                       |                          |                                     |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| <table style="width:100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>DISTURBANCE INDICATORS</b><br/> <div style="display: flex; justify-content: space-around;"> <div> O1 B1 B2 B3 D1 D2 D3<br/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> C1 C2 C3 C4 C5 S1 S2 S3 S4 S5<br/> <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"/> </div> </div> </td> <td style="width: 50%; vertical-align: top;"> <b>Bars:</b> <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR </td> </tr> </table> |                                                                                                                                                                                                       |                          |                                     |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     | <b>DISTURBANCE INDICATORS</b><br><div style="display: flex; justify-content: space-around;"> <div> O1 B1 B2 B3 D1 D2 D3<br/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> C1 C2 C3 C4 C5 S1 S2 S3 S4 S5<br/> <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"/> </div> </div> | <b>Bars:</b> <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
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| HABITAT QUALITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                          |                                     |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>OverWinter Habitat</td> <td>Overwintering habitat is present in upstream lake</td> </tr> <tr> <td>Spawning Habitat</td> <td>Poor spawning habitat-substrates consist of angular cobble</td> </tr> <tr> <td>Rearing Habitat</td> <td>Moderate rearing habitat-limited by shallow depths and lack of habitat complexity</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                       |                          |                                     |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Comments                                                                                                                                                                                              | OverWinter Habitat | Overwintering habitat is present in upstream lake | Spawning Habitat | Poor spawning habitat-substrates consist of angular cobble | Rearing Habitat | Moderate rearing habitat-limited by shallow depths and lack of habitat complexity |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Comments                                                                                                                                                                                              |                          |                                     |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| OverWinter Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Overwintering habitat is present in upstream lake                                                                                                                                                     |                          |                                     |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| Spawning Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Poor spawning habitat-substrates consist of angular cobble                                                                                                                                            |                          |                                     |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| Rearing Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Moderate rearing habitat-limited by shallow depths and lack of habitat complexity                                                                                                                     |                          |                                     |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| PHOTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                       |                          |                                     |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Photo</th> <th>Foc Lg</th> <th>Dir</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>R: 5 F: 13</td> <td>STD</td> <td>D</td> <td>Downstream photo of lake outlet</td> </tr> <tr> <td>R: 5 F: 14</td> <td>STD</td> <td>U</td> <td>Upstream photo of lake</td> </tr> <tr> <td>R: 5 F: 15</td> <td>STD</td> <td>U</td> <td>Upstream photo of riffle habitat</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                       |                          |                                     |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     | Photo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Foc Lg                                                                                                                                                                                                | Dir                | Comments                                          | R: 5 F: 13       | STD                                                        | D               | Downstream photo of lake outlet                                                   | R: 5 F: 14 | STD                | U                        | Upstream photo of lake   | R: 5 F: 15                          | STD                                 | U                                   | Upstream photo of riffle habitat    |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| Photo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Foc Lg                                                                                                                                                                                                | Dir                      | Comments                            |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| R: 5 F: 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STD                                                                                                                                                                                                   | D                        | Downstream photo of lake outlet     |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| R: 5 F: 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STD                                                                                                                                                                                                   | U                        | Upstream photo of lake              |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |
| R: 5 F: 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STD                                                                                                                                                                                                   | U                        | Upstream photo of riffle habitat    |                                     |                                                                                                                       |                                                                                                           |                                     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                      |                                             |       |      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                    |                                                   |                  |                                                            |                 |                                                                                   |            |                    |                          |                          |                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                   |      |      |  |  |  |  |  |      |                          |   |      |      |      |      |      |      |  |  |  |  |  |      |                        |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                           |  |  |           |     |     |                  |     |     |    |                   |     |     |    |



# FDIS Site Card

|                                                                     | Reach # | ILP Map # | ILP # | Site |
|---------------------------------------------------------------------|---------|-----------|-------|------|
| Watershed Code: 000-000000-00000-00000-0000-000-000-000-000-000-000 | 3.0     | 103P.008  | 10173 | 615  |

| COMMENTS  |                                                                          |
|-----------|--------------------------------------------------------------------------|
| Section   | Comments                                                                 |
| SITE CARD | 30555                                                                    |
| CHANNEL   | Barriers to upstream fish migration are located downstream of this reach |
| CHANNEL   | S6 Stream                                                                |

# FDIS Fish Form

**Watershed Code:**

000-000000-000000-000000-0000-0000-000-000-000-000-000-000

**Reach #**

ILP Map #

ILP #

### 3.0

103P.008

10173

| WATERBODY                                                                                                                                                                                                                                                                                                                                                                   |          |       |                          |            |         |            |          |                |           |         |               |       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------|--------------------------|------------|---------|------------|----------|----------------|-----------|---------|---------------|-------|--|
| <b>Gazetted Name:</b> _____ <b>Local:</b> None<br><b>Project Code:</b> 400-000000-00000-00000-0000-000-000-000-000-0<br><b>WS Code:</b> 000-000000-00000-00000-0000-0000-000-000-000-000-000<br><b>Waterbody ID:</b> _____ <b>ILP Map #:</b> 103P.008 <b>ILP #:</b> 10173 <b>Reach #:</b> 3 -<br><b>Project ID:</b> 3476 <b>Lake/Stream:</b> S <b>Lake From Date:</b> _____ |          |       |                          |            |         |            |          |                |           |         |               |       |  |
| <b>Fish Permit #:</b> 25350K <b>Date:</b> 2000/08/02 <b>To:</b> 2000/08/02 <b>Agency:</b> C172 <b>Crew:</b> EM/JD <b>Resample:</b> <input type="checkbox"/>                                                                                                                                                                                                                 |          |       |                          |            |         |            |          |                |           |         |               |       |  |
| SITE / METHOD                                                                                                                                                                                                                                                                                                                                                               |          |       |                          |            |         |            |          |                |           |         |               |       |  |
| Site#                                                                                                                                                                                                                                                                                                                                                                       | NID Map  | NID # | UTM:Zone/East/North/Mthd |            |         | MTD/NO     | Temp     | Cond           | Turbid    | Comment |               |       |  |
| 615                                                                                                                                                                                                                                                                                                                                                                         | 103P.008 | 60015 |                          |            |         | EF 1       | 13       | 60             | C         |         |               |       |  |
| A. GEAR SETTINGS                                                                                                                                                                                                                                                                                                                                                            |          |       |                          |            |         |            |          |                |           |         |               |       |  |
| Site#                                                                                                                                                                                                                                                                                                                                                                       | MTD/NO   |       | H/P                      | Date In    | Time In | Date Out   | Time Out | Comment        |           |         |               |       |  |
| 615                                                                                                                                                                                                                                                                                                                                                                         | EF       | 1     | 1                        | 2000/08/02 | 12:40   | 2000/08/02 | 13:20    |                |           |         |               |       |  |
| C. ELECTROFISHER SPECIFICATIONS                                                                                                                                                                                                                                                                                                                                             |          |       |                          |            |         |            |          |                |           |         |               |       |  |
| Site#                                                                                                                                                                                                                                                                                                                                                                       | MTD/NO   |       | H/P                      | Encl       | Sec     | Lnth       | Width    | Voltage        | Frequency | Pulse   | Make          | Model |  |
| 615                                                                                                                                                                                                                                                                                                                                                                         | EF       | 1     | 1                        | O          | 281     | 200.0      | 1.5      | 600            | 60        | 6       | SMITH<br>ROOT | 12B   |  |
| FISH SUMMARY                                                                                                                                                                                                                                                                                                                                                                |          |       |                          |            |         |            |          |                |           |         |               |       |  |
| Site#                                                                                                                                                                                                                                                                                                                                                                       | MTD/NO   |       | H/P                      | Species    | Stage   | Age        | Total #  | Lgth (Min/Max) | FishAct   | Comment |               |       |  |
| 615                                                                                                                                                                                                                                                                                                                                                                         | EF       | 1     | 1                        | NFC        |         |            | 0        |                |           |         |               |       |  |



Site #615, Upstream photo of lake  
Roll #5, Frame #14, Date: 2000/08/02



Site #615, Upstream photo of riffle habitat  
Roll #5, Frame #15, Date: 2000/08/02





Site #615, Downstream photo of lake outlet  
Roll #5, Frame #13, Date: 2000/08/02

## Stream Reach/Site Summary Report

| Reach # | ILP Map # | ILP # |
|---------|-----------|-------|
|---------|-----------|-------|

**Watershed Code:** 400-324400-52900-00000-0000-0000-000-000-000-000-000

1.0

| SITE                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----|--------------------|-------|----|-------|----|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| Site #: 616<br>Site Lg (m): 250                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>GIS UTM(Zone/East/North)</b><br>9    532691    6100786                             |                                                                                                                                      | Date: 2000/08/02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       | Agency: C172<br>Ref. Name:                                                            |                                                                            | Crew: EM/JD                                                                                                                   |                          |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| CHANNEL                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/><br><br>Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                      | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th></th> <th>Avg</th> <th>Min</th> <th>Max</th> <th>#</th> </tr> <tr> <td>Channel Width (m):</td> <td>29.17</td> <td>25</td> <td>35.20</td> <td>6</td> </tr> <tr> <td>Wetted Width (m):</td> <td>13.47</td> <td>10.10</td> <td>20</td> <td>6</td> </tr> <tr> <td>Wb Depth (m):</td> <td>2.63</td> <td>2.5</td> <td>2.8</td> <td>3</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       |                                                                                       | Avg                                                                        | Min                                                                                                                           | Max                      | #   | Channel Width (m): | 29.17 | 25 | 35.20 | 6  | Wetted Width (m): | 13.47                    | 10.10                    | 20                       | 6                        | Wb Depth (m):            | 2.63                     | 2.5                      | 2.8         | 3                                                                                     | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th></th> <th>Avg %</th> <th>Min %</th> <th>Max %</th> <th>#</th> </tr> <tr> <td>Gadient %:</td> <td>4.50</td> <td>4</td> <td>5</td> <td>4</td> </tr> <tr> <td>Pool Depth (m):</td> <td>0.56</td> <td>0.400</td> <td>0.7</td> <td>6</td> </tr> </table> |                                                                                       |                                                                            |                                                                                       |                                                                                       | Avg %                                                                      | Min %                         | Max % | #                        | Gadient %:               | 4.50                     | 4                        | 5                        | 4                        | Pool Depth (m):          | 0.56                     | 0.400                    | 0.7                      | 6 |
|                                                                                                                                                  | Avg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Min                                                                                   | Max                                                                                                                                  | #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| Channel Width (m):                                                                                                                               | 29.17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 25                                                                                    | 35.20                                                                                                                                | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| Wetted Width (m):                                                                                                                                | 13.47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10.10                                                                                 | 20                                                                                                                                   | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| Wb Depth (m):                                                                                                                                    | 2.63                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2.5                                                                                   | 2.8                                                                                                                                  | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
|                                                                                                                                                  | Avg %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Min %                                                                                 | Max %                                                                                                                                | #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| Gadient %:                                                                                                                                       | 4.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4                                                                                     | 5                                                                                                                                    | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| Pool Depth (m):                                                                                                                                  | 0.56                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0.400                                                                                 | 0.7                                                                                                                                  | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Temp (C): 7                                                                           |                                                                                                                                      | pH: 7.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       | Cond.: 60                                                                             |                                                                            | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                          |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| MORPHOLOGY                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| Bed Material: Dominant: B<br>D95: 50.00<br>Pattern: SI<br>Coupling: CO<br>Morph: RP                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Subdom: C<br>D (cm): 60.00<br>Islands: N<br>Confinement: CO                           |                                                                                                                                      | Bars: <input type="checkbox"/> N <input checked="" type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input checked="" type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                      | <table style="width:100%;"> <tr> <td>O1</td><td>B1</td><td>B2</td><td>B3</td><td>D1</td><td>D2</td><td>D3</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>C1</td><td>C2</td><td>C3</td><td>C4</td><td>C5</td><td>S1</td><td>S2</td><td>S3</td><td>S4</td><td>S5</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          | O1  | B1                 | B2    | B3 | D1    | D2 | D3                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C1          | C2                                                                                    | C3                                                                                                                                                                                                                                                                                                                             | C4                                                                                    | C5                                                                         | S1                                                                                    | S2                                                                                    | S3                                                                         | S4                            | S5    | <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"/> |   |
| O1                                                                                                                                               | B1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | B2                                                                                    | B3                                                                                                                                   | D1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D2                                                                                    | D3                                                                                    |                                                                            |                                                                                                                               |                          |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| <input type="checkbox"/>                                                                                                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                              |                                                                            |                                                                                                                               |                          |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| C1                                                                                                                                               | C2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | C3                                                                                    | C4                                                                                                                                   | C5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S1                                                                                    | S2                                                                                    | S3                                                                         | S4                                                                                                                            | S5                       |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| <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"/> |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| COVER                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| Total: A                                                                                                                                         | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> <tr> <td>Amount:</td> <td>T</td> <td>D</td> <td>S</td> <td>N</td> <td>S</td> <td>T</td> <td>N</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> </table> |                                                                                       |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                            | Type:                                                                                                                         | SWD                      | LWD | B                  | U     | DP | OV    | IV | Amount:           | T                        | D                        | S                        | N                        | S                        | T                        | N                        | Loc: P/S/O: | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | FSZ: <input type="checkbox"/> |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| Type:                                                                                                                                            | SWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | LWD                                                                                   | B                                                                                                                                    | U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DP                                                                                    | OV                                                                                    | IV                                                                         |                                                                                                                               |                          |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| Amount:                                                                                                                                          | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D                                                                                     | S                                                                                                                                    | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S                                                                                     | T                                                                                     | N                                                                          |                                                                                                                               |                          |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| Loc: P/S/O:                                                                                                                                      | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                                                                                                               |                          |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| LWD: A                                                                                                                                           | DIST: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                            | CROWN CLOSURE<br>1          1-20%                                                                                             |                          |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| RB SHP: V                                                                                                                                        | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                       | RIP: C                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STG: MF                                                                               |                                                                                       |                                                                            |                                                                                                                               |                          |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| LB SHP: V                                                                                                                                        | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                       | RIP: D                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STG: PS                                                                               |                                                                                       |                                                                            |                                                                                                                               |                          |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| FISH                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| Site Number                                                                                                                                      | Capture Method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Number of Events                                                                      | Total Length (m)                                                                                                                     | Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Voltage                                                                               | Species                                                                               | Total Fish                                                                 | Minimum Length (mm)                                                                                                           | Maximum Length (mm)      |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| 613                                                                                                                                              | EF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                                                                     | 50                                                                                                                                   | 97 sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 600                                                                                   | NFC                                                                                   | 0                                                                          |                                                                                                                               |                          |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| 613                                                                                                                                              | EF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                                                                     | 100                                                                                                                                  | 315 sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 600                                                                                   | DV                                                                                    | 3                                                                          | 115                                                                                                                           | 165                      |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |
| 616                                                                                                                                              | EF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                                                                     | 250                                                                                                                                  | 280 sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 600                                                                                   | NFC                                                                                   | 0                                                                          |                                                                                                                               |                          |     |                    |       |    |       |    |                   |                          |                          |                          |                          |                          |                          |                          |             |                                                                                       |                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |





# FDIS Site Card

|                                                                      |                                                                    | Reach # | ILP Map # | ILP # | Site |
|----------------------------------------------------------------------|--------------------------------------------------------------------|---------|-----------|-------|------|
| Watershed Code: 400-324400-62900-00000-0000-0000-000-000-000-000-000 |                                                                    | 1.0     |           |       | 616  |
| Section                                                              | Comments                                                           |         |           |       |      |
| SITE CARD                                                            | 30556                                                              |         |           |       |      |
| CHANNEL                                                              | 10 m falls is located downstream. No fish captured above the falls |         |           |       |      |
| CHANNEL                                                              | S5 Stream                                                          |         |           |       |      |

# FDIS Fish Form

Reach #      ILP Map #      ILP #

Watershed Code:      400-324400-52900-00000-00000-0000-000-000-000-000

1.0

| WATERBODY                                                     |          |       |                          |                                                         |         |                |          |                 |              |                         |             |                         |                                    |        |         |  |
|---------------------------------------------------------------|----------|-------|--------------------------|---------------------------------------------------------|---------|----------------|----------|-----------------|--------------|-------------------------|-------------|-------------------------|------------------------------------|--------|---------|--|
| Gazetted Name:                                                |          |       |                          |                                                         |         |                |          |                 |              | Local: None             |             |                         |                                    |        |         |  |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-0   |          |       |                          |                                                         |         |                |          |                 |              |                         |             |                         |                                    |        |         |  |
| WS Code: 400-324400-52900-00000-0000-0000-000-000-000-000-000 |          |       |                          |                                                         |         |                |          |                 |              |                         |             |                         |                                    |        |         |  |
| Waterbody ID:                                                 |          |       |                          | ILP Map #:                                              |         |                |          | ILP #:          |              | Reach #: 1 -            |             |                         |                                    |        |         |  |
| Project ID: 3476                                              |          |       |                          | Lake/Stream: S                                          |         |                |          | Lake From Date: |              |                         |             |                         |                                    |        |         |  |
| Fish Permit #: 25350K                                         |          |       | Date: 2000/08/02         |                                                         |         | To: 2000/08/02 |          |                 | Agency: C172 |                         | Crew: EM/JD |                         | Resample: <input type="checkbox"/> |        |         |  |
| SITE / METHOD                                                 |          |       |                          |                                                         |         |                |          |                 |              |                         |             |                         |                                    |        |         |  |
| Site#                                                         | NID Map  | NID # | UTM:Zone/East/North/Mthd |                                                         |         |                | MTD/NO   |                 | Temp         | Cond                    | Turbid      | Comment                 |                                    |        |         |  |
| 613                                                           | 103P.008 | 60013 |                          |                                                         |         |                | EF       | 2               | 7            | 60                      | C           | Immediately above falls |                                    |        |         |  |
| 616                                                           | 103P.008 | 60016 |                          |                                                         |         |                | EF       | 1               | 7            | 60                      | C           | Above falls             |                                    |        |         |  |
| 613                                                           | 103P.008 | 60013 |                          |                                                         |         |                | EF       | 1               | 7            | 60                      | C           |                         |                                    |        |         |  |
| A. GEAR SETTINGS                                              |          |       |                          |                                                         |         |                |          |                 |              |                         |             |                         |                                    |        |         |  |
| Site#                                                         | MTD/NO   |       | H/P                      | Date In                                                 | Time In | Date Out       | Time Out | Comment         |              |                         |             |                         |                                    |        |         |  |
| 613                                                           | EF       | 2     | 1                        | 2000/08/02                                              | 11:40   | 2000/08/02     | 11:58    |                 |              |                         |             |                         |                                    |        |         |  |
| 616                                                           | EF       | 1     | 1                        | 2000/08/02                                              | 13:30   | 2000/08/02     | 14:10    |                 |              |                         |             |                         |                                    |        |         |  |
| 613                                                           | EF       | 1     | 1                        | 2000/08/02                                              | 11:05   | 2000/08/02     | 11:40    |                 |              |                         |             |                         |                                    |        |         |  |
| C. ELECTROFISHER SPECIFICATIONS                               |          |       |                          |                                                         |         |                |          |                 |              |                         |             |                         |                                    |        |         |  |
| Site#                                                         | MTD/NO   |       | H/P                      | Encl                                                    | Sec     | Lnth           | Width    | Voltage         | Frequency    | Pulse                   | Make        | Model                   |                                    |        |         |  |
| 613                                                           | EF       | 2     | 1                        | O                                                       | 97      | 50.0           | 6.0      | 600             | 60           | 6                       | SMITH ROOT  | 12B                     |                                    |        |         |  |
| 616                                                           | EF       | 1     | 1                        | O                                                       | 280     | 250.0          | 10.0     | 600             | 60           | 6                       | SMITH ROOT  | 12B                     |                                    |        |         |  |
| 613                                                           | EF       | 1     | 1                        | O                                                       | 315     | 100.0          | 6.0      | 600             | 60           | 6                       | SMITH ROOT  | 12B                     |                                    |        |         |  |
| FISH SUMMARY                                                  |          |       |                          |                                                         |         |                |          |                 |              |                         |             |                         |                                    |        |         |  |
| Site#                                                         | MTD/NO   |       | H/P                      | Species                                                 | Stage   | Age            | Total #  | Lgth (Min/Max)  | FishAct      | Comment                 |             |                         |                                    |        |         |  |
| 613                                                           | EF       | 2     | 1                        | NFC                                                     |         |                | 0        |                 |              | Immediately above falls |             |                         |                                    |        |         |  |
| 616                                                           | EF       | 1     | 1                        | NFC                                                     |         |                | 0        |                 |              | Above the falls         |             |                         |                                    |        |         |  |
| 613                                                           | EF       | 1     | 1                        | DV                                                      | J       |                | 3        | 115    165      | R            |                         |             |                         |                                    |        |         |  |
| INDIVIDUAL FISH DATA                                          |          |       |                          |                                                         |         |                |          |                 |              |                         |             |                         |                                    |        |         |  |
| Site#                                                         | MTD/NO   | H/P   | Species                  | Length                                                  | Weight  | Sex            | Mat      | Age             |              | Vch#                    | Genetic     |                         | Roll #                             | Frame# | Comment |  |
|                                                               |          |       |                          |                                                         |         |                |          | Str/Smp#        | Age          |                         | Str/Smp#    |                         |                                    |        |         |  |
| 613                                                           | EF       | 1     | 1                        | DV                                                      | 115     |                | U        | U               |              |                         |             |                         |                                    |        |         |  |
| 613                                                           | EF       | 1     | 1                        | DV                                                      | 165     |                | U        | U               |              |                         |             |                         |                                    |        |         |  |
| 613                                                           | EF       | 1     | 1                        | DV                                                      | 136     |                | U        | U               |              |                         |             |                         |                                    |        |         |  |
| COMMENTS                                                      |          |       |                          |                                                         |         |                |          |                 |              |                         |             |                         |                                    |        |         |  |
| Section                                                       |          |       |                          | Comments                                                |         |                |          |                 |              |                         |             |                         |                                    |        |         |  |
| WATERBODY                                                     |          |       |                          | Access extremely limited immediately upstream of falls. |         |                |          |                 |              |                         |             |                         |                                    |        |         |  |





Site #616. Upstream photo of a short section of rapids  
Roll #5, Frame #16, Date: 2000 08/02



Site #616. Downstream photo of cascade pool habitat with rapids  
Roll #5, Frame #17, Date: 2000 08/02



# Stream Reach/Site Summary Report

Reach # ILP Map # ILP #

Watershed Code: 400-324400-52900-17700-0000-0000-000-000-000-000-000

6.0

| STREAM REFERENCING                                                                                 |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  |                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                               |                     |
|----------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Gazetted Name:                                                                                     |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                | Local Name: None |                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                               |                     |
| Watershed Code: 400-324400-52900-17700-0000-0000-000-000-000-000-000                               |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                | ILP Map #:       |                                                                                                                                                                                                                                                                                                                                                          | ILP #:     |                                                                                                                               |                     |
| REACH                                                                                              |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  |                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                               |                     |
| Reach #: 6.0                                                                                       |                | UTM(Zone/East/North): 9.528688.6103279                                                                                                                                                           |                  |                                                                                                                                                                                                | Sample Type: R   |                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                               |                     |
| Length (km): 1.17                                                                                  |                | Gradient (%): 16.41                                                                                                                                                                              |                  | US Elev (m): 1493                                                                                                                                                                              |                  | Order: 4                                                                                                                                                                                                                                                                                                                                                 |            | Magnitude: 13                                                                                                                 |                     |
| Confinement: FC                                                                                    |                | Coupling: PC                                                                                                                                                                                     |                  | Open water: A                                                                                                                                                                                  |                  | BGC Zone: AT                                                                                                                                                                                                                                                                                                                                             |            |                                                                                                                               |                     |
| Islands: N                                                                                         |                | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR   |                  | Riparian Veg.: S                                                                                                                                                                               |                  | Landuse: NO                                                                                                                                                                                                                                                                                                                                              |            |                                                                                                                               |                     |
| SITE                                                                                               |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  |                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                               |                     |
| Site #: 617                                                                                        |                | GIS UTM(Zone/East/North)                                                                                                                                                                         |                  | Date: 2000/08/02                                                                                                                                                                               |                  | Agency: C172                                                                                                                                                                                                                                                                                                                                             |            | Crew: EM/JD                                                                                                                   |                     |
| Site Lg (m): 200                                                                                   |                | 9 528816 6103286                                                                                                                                                                                 |                  | Ref. Name:                                                                                                                                                                                     |                  |                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                               |                     |
| CHANNEL                                                                                            |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  |                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                               |                     |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                |                                                                                                                                                                                                  |                  | Avg                                                                                                                                                                                            |                  | Min                                                                                                                                                                                                                                                                                                                                                      |            | Max                                                                                                                           |                     |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                      |                |                                                                                                                                                                                                  |                  | Channel Width (m): 8.18                                                                                                                                                                        |                  | 6.900                                                                                                                                                                                                                                                                                                                                                    |            | 10.2                                                                                                                          |                     |
|                                                                                                    |                |                                                                                                                                                                                                  |                  | Wetted Width (m): 7.60                                                                                                                                                                         |                  | 5.7                                                                                                                                                                                                                                                                                                                                                      |            | 9.4                                                                                                                           |                     |
|                                                                                                    |                |                                                                                                                                                                                                  |                  | Wb Depth (m): 0.57                                                                                                                                                                             |                  | 0.5                                                                                                                                                                                                                                                                                                                                                      |            | 0.6                                                                                                                           |                     |
|                                                                                                    |                |                                                                                                                                                                                                  |                  | Avg %                                                                                                                                                                                          |                  | Min %                                                                                                                                                                                                                                                                                                                                                    |            | Max %                                                                                                                         |                     |
|                                                                                                    |                |                                                                                                                                                                                                  |                  | Gradient %: 4.00                                                                                                                                                                               |                  | 5                                                                                                                                                                                                                                                                                                                                                        |            | 5                                                                                                                             |                     |
|                                                                                                    |                |                                                                                                                                                                                                  |                  | Pool Depth (m): 0.39                                                                                                                                                                           |                  | 0.29                                                                                                                                                                                                                                                                                                                                                     |            | 0.5                                                                                                                           |                     |
| Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |                |                                                                                                                                                                                                  |                  | pH: 7.0                                                                                                                                                                                        |                  | Cond.: 50                                                                                                                                                                                                                                                                                                                                                |            | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                     |
| MORPHOLOGY                                                                                         |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  |                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                               |                     |
| Bed Material: Dominant: B                                                                          |                | Subdom: C                                                                                                                                                                                        |                  | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                  |                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                               |                     |
| D95: 40.00                                                                                         |                | D (cm): 15.00                                                                                                                                                                                    |                  | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                           |                  |                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                               |                     |
| Pattern: SI                                                                                        |                | Islands: N                                                                                                                                                                                       |                  | C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                  |                  |                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                               |                     |
| Coupling: DC                                                                                       |                | Confinement: OC                                                                                                                                                                                  |                  | DISTURBANCE INDICATORS                                                                                                                                                                         |                  |                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                               |                     |
| Morph: RP                                                                                          |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  |                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                               |                     |
| COVER                                                                                              |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  |                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                               |                     |
| Total: M                                                                                           |                | Type: SWD LWD B U DP OV IV                                                                                                                                                                       |                  | Amount: N N S N T N D                                                                                                                                                                          |                  | Loc: P/S/O: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |            | FSZ: <input type="checkbox"/>                                                                                                 |                     |
| LWD: N                                                                                             |                | DIST: NA                                                                                                                                                                                         |                  | INSTREAM VEG: N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input type="checkbox"/>                                                           |                  | CROWN CLOSURE                                                                                                                                                                                                                                                                                                                                            |            | 0 0%                                                                                                                          |                     |
| RB SHP: S                                                                                          |                | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                  | RIP: G                                                                                                                                                                                         |                  | STG: INIT                                                                                                                                                                                                                                                                                                                                                |            |                                                                                                                               |                     |
| LB SHP: S                                                                                          |                | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                  | RIP: G                                                                                                                                                                                         |                  | STG: INIT                                                                                                                                                                                                                                                                                                                                                |            |                                                                                                                               |                     |
| FISH                                                                                               |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  |                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                               |                     |
| Site Number                                                                                        | Capture Method | Number of Events                                                                                                                                                                                 | Total Length (m) | Total Time                                                                                                                                                                                     | Voltage          | Species                                                                                                                                                                                                                                                                                                                                                  | Total Fish | Minimum Length (mm)                                                                                                           | Maximum Length (mm) |
| 617                                                                                                | EF             | 1                                                                                                                                                                                                | 100              | 216 sec                                                                                                                                                                                        | 500              | NFC                                                                                                                                                                                                                                                                                                                                                      | 0          |                                                                                                                               |                     |

# FDIS Site Card

Watershed Code: 400-324400-52900-17700-0000-0000-000-000-000-000-000-000 Reach # 6.0 ILP Map # ILP # 617 Site 617

## PROJECT

Project Name: Mill Area 1:20K Stream Inventory Project  
Stream Name (gaz.): SKEENA RIVER Project Code: 3476  
Project Watershed Code: 400-000000-00000-00000-0000-0000-000-000-000-000-000-000

## WATERSHED

Gazetted Name: Local Name: None  
Watershed Code: 400-324400-52900-17700-0000-0000-000-000-000-000-000-000  
ILP Map#: ILP #: NID Map #: 103P.008 NID #: 60017 Reach #: 6.0 Site #: 617  
Field UTM(Zone/East/North/Method) GIS UTM(Zone/East/North) Site Lg: 200 Method: HC Access: H  
9 528816 6103286 Ref. Name:  
Date: 2000/08/02 Time: 14:26 Agency: C172 Crew: EM/JD Fish Crd?: ☒ Incomplete: ☐

## CHANNEL

|                    |     |       |       |       |       |       |       |       |       |       |       |      |
|--------------------|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------|
|                    | Mtd | width | width | width | width | width | width | width | width | width | width | Avg  |
| Channel Width (m): | T   | 7.30  | 8.40  | 6.90  | 7.80  | 10.20 | 8.50  |       |       |       |       | 8.18 |
| Wetted Width (m):  | T   | 6.80  | 8.20  | 5.70  | 7.30  | 9.40  | 8.20  |       |       |       |       | 7.60 |
| Pool Depth (m):    | MS  | 0.41  | 0.50  | 0.43  | 0.29  | 0.36  | 0.32  |       |       |       |       | 0.39 |

|            |           |     |     |      |
|------------|-----------|-----|-----|------|
|            | Gadient % |     | Mtd | Avg  |
| Method I:  | 4.0       | 5.0 | AL  | 4.00 |
| Method II: | 3.0       | 4.0 | AL  |      |

No Vis.Ch.: ☐ Intermittent: ☐

Dw: ☐ Tribs.: ☐

|           |    |    |    |           |            |                                                                                                    |
|-----------|----|----|----|-----------|------------|----------------------------------------------------------------------------------------------------|
| Wb Depth: | .6 | .5 | .6 | Avg: 0.57 | Method: MS | Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |
|-----------|----|----|----|-----------|------------|----------------------------------------------------------------------------------------------------|

Wb Depth: .6 .5 .6 Avg: 0.57 Method: MS Stage: L ☐ M ☒ H ☐ No Vis.Ch.: ☐ Intermittent: ☐  
Dw: ☐ Tribs.: ☐

COVER Total: M

| Type:       | SWD                      | LWD                      | B                                   | U                        | DP                                  | OV                       | IV                                  |
|-------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
| Amount:     | N                        | N                        | S                                   | N                        | T                                   | N                        | D                                   |
| Loc: P/S/O: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

## CROWN CLOSURE

0 0%  
INSTREAM VEG: N ☐ A ☐ M ☒ V ☐

LWD: N DIST: NA

LB SHP: S

Texture: ☐ F ☒ G ☒ C ☐ B ☐ R ☐ A

RIP: G

STG: INIT

RB SHP: S

Texture: ☐ F ☒ G ☒ C ☐ B ☐ R ☐ A

RIP: G

STG: INIT

## WATER

EMS: Temp: 9 Method: T3 Req #: Cond.: 50 Method: S4  
pH: 7.0 Method: P2 Turb.: ☐ T ☐ M ☐ L ☒ C Method: GE  
Flood Signs: NONE Method: GE

## MORPHOLOGY

Bed Material: Dominant: B Subdom: C O1 B1 B2 B3 D1 D2 D3  
D95: 40.0 D (cm): 15.00 Morph: RP DISTURBANCE INDICATORS  
Pattern: SI C1 C2 C3 C4 C5 S1 S2 S3 S4 S5  
Islands: N  
Coupling: DC  
Confinement: OC  
FSZ ☐ Bars: ☒ N ☐ SIDE ☐ DIAG ☐ MID ☐ SPAN ☐ BR

## HABITAT QUALITY

| Name               | Comments                                                          |
|--------------------|-------------------------------------------------------------------|
| OverWinter Habitat | Overwintering habitat is present                                  |
| Spawning Habitat   | Poor spawning habitat-substrates are too large                    |
| Rearing Habitat    | Moderate rearing habitat-steady flows, moderate cover, deep pools |

## PHOTOS

| Photo            | Foc Lg | Dir | Comments                                      |
|------------------|--------|-----|-----------------------------------------------|
| R: 5 F: 18 STD D |        |     | Downstream photo of riffle habitat below lake |
| R: 5 F: 19 STD U |        |     | Upstream photo of the lake outlet             |
| R: 5 F: 20 STD U |        |     | Upstream photo of lake                        |

# FDIS Site Card

Watershed Code: 400-324400-52900-17700-0000-0000-000-000-000-000-000

| Reach # | ILP Map # | ILP # | Site |
|---------|-----------|-------|------|
| 6.0     |           |       | 617  |

| COMMENTS  |                                                                    |
|-----------|--------------------------------------------------------------------|
| Section   | Comments                                                           |
| SITE CARD | 30557                                                              |
| CHANNEL   | Barrier on downstream mainstem prevents fish access to this reach. |
| CHANNEL   | S5 Stream                                                          |



# FDIS Fish Form

Watershed Code:

400-324400-52900-17700-0000-0000-000-000-000-000-000

Reach #

ILP Map #

ILP #

6.0

| WATERBODY                                                     |          |       |                          |                |          |                |                |                 |              |              |               |     |                                    |
|---------------------------------------------------------------|----------|-------|--------------------------|----------------|----------|----------------|----------------|-----------------|--------------|--------------|---------------|-----|------------------------------------|
| Gazetted Name:                                                |          |       |                          |                |          |                |                |                 |              | Local: None  |               |     |                                    |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-0   |          |       |                          |                |          |                |                |                 |              |              |               |     |                                    |
| WS Code: 400-324400-52900-17700-0000-0000-000-000-000-000-000 |          |       |                          |                |          |                |                |                 |              |              |               |     |                                    |
| Waterbody ID:                                                 |          |       |                          | ILP Map #:     |          |                |                | ILP #:          |              | Reach #: 6 - |               |     |                                    |
| Project ID: 3476                                              |          |       |                          | Lake/Stream: S |          |                |                | Lake From Date: |              |              |               |     |                                    |
| Fish Permit #: 25350K                                         |          |       | Date: 2000/08/02         |                |          | To: 2000/08/02 |                |                 | Agency: C172 |              | Crew: EM/JD   |     | Resample: <input type="checkbox"/> |
| SITE / METHOD                                                 |          |       |                          |                |          |                |                |                 |              |              |               |     |                                    |
| Site#                                                         | NID Map  | NID # | UTM:Zone/East/North/Mthd |                |          | MTD/NO         |                | Temp            | Cond         | Turbid       | Comment       |     |                                    |
| 617                                                           | 103P.008 | 60017 |                          |                |          | EF             | 1              | 9               | 50           | C            |               |     |                                    |
| A. GEAR SETTINGS                                              |          |       |                          |                |          |                |                |                 |              |              |               |     |                                    |
| Site#                                                         | MTD/NO   | H/P   | Date In                  | Time In        | Date Out | Time Out       | Comment        |                 |              |              |               |     |                                    |
| 617                                                           | EF       | 1     | 1                        | 2000/08/02     | 14:26    | 2000/08/02     | 15:10          |                 |              |              |               |     |                                    |
| C. ELECTROFISHER SPECIFICATIONS                               |          |       |                          |                |          |                |                |                 |              |              |               |     |                                    |
| Site#                                                         | MTD/NO   | H/P   | Encl                     | Sec            | Lnth     | Width          | Voltage        | Frequency       | Pulse        | Make         | Model         |     |                                    |
| 617                                                           | EF       | 1     | 1                        | O              | 216      | 100.0          | 6.0            | 500             | 60           | 6            | SMITH<br>ROOT | 12B |                                    |
| FISH SUMMARY                                                  |          |       |                          |                |          |                |                |                 |              |              |               |     |                                    |
| Site#                                                         | MTD/NO   | H/P   | Species                  | Stage          | Age      | Total #        | Lgth (Min/Max) | FishAct         | Comment      |              |               |     |                                    |
| 617                                                           | EF       | 1     | 1                        | NFC            |          | 0              |                |                 |              |              |               |     |                                    |





Site #617, Upstream photo of lake  
Roll #5, Frame #20, Date: 2000/08/02



Site #617, Upstream photo of the lake outlet  
Roll #5, Frame #19, Date: 2000/08/02



Site #617, Downstream photo of riffle habitat below lake  
Roll #5, Frame #18, Date: 2000/08/02



# Stream Reach/Site Summary Report

Reach #    ILP Map #    ILP #

Watershed Code: 400-324400-52900-17700-0000-0000-000-000-000-000-000

3.0

| STREAM REFERENCING                                                                                 |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  |                                     |                |                                                                                                                               |                     |                                     |             |                                     |                              |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |
|----------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------|-------------|-------------------------------------|------------------------------|-------------------------------------|---------|-------------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|
| Gazetted Name:                                                                                     |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  |                                     |                |                                                                                                                               |                     | Local Name: None                    |             |                                     |                              |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| Watershed Code: 400-324400-52900-17700-0000-0000-000-000-000-000-000                               |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  |                                     |                |                                                                                                                               |                     | ILP Map #:                          |             |                                     | ILP #:                       |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| REACH                                                                                              |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  |                                     |                |                                                                                                                               |                     |                                     |             |                                     |                              |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| Reach #: 3.0                                                                                       |                | UTM(Zone/East/North): 9.529696.6102022                                                                                                                                                           |                  |                                                                                                                                                                                                |                  |                                     | Sample Type: R |                                                                                                                               |                     |                                     |             |                                     |                              |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| Length (km): 1.25                                                                                  |                | Gradient (%): 20.08                                                                                                                                                                              |                  | US Elev (m): 1169                                                                                                                                                                              |                  |                                     | Order: 4       |                                                                                                                               | Magnitude: 43       |                                     |             |                                     |                              |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| Confinement: CO                                                                                    |                | Coupling: CO                                                                                                                                                                                     |                  | Open water: A                                                                                                                                                                                  |                  |                                     | BGC Zone: MH   |                                                                                                                               | Riparian Veg.: M    |                                     |             |                                     |                              |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| Islands: N                                                                                         |                | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR   |                  |                                                                                                                                                                                                |                  |                                     |                |                                                                                                                               | Landuse: NO         |                                     |             |                                     |                              |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| SITE                                                                                               |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  |                                     |                |                                                                                                                               |                     |                                     |             |                                     |                              |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| Site #: 618                                                                                        |                | GIS UTM(Zone/East/North)                                                                                                                                                                         |                  |                                                                                                                                                                                                | Date: 2000/08/02 |                                     |                | Agency: C172                                                                                                                  |                     |                                     | Crew: EM/JD |                                     |                              |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| Site Lg (m): 300                                                                                   |                | 9 530446 6101545                                                                                                                                                                                 |                  |                                                                                                                                                                                                |                  |                                     |                | Ref. Name:                                                                                                                    |                     |                                     |             |                                     |                              |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| CHANNEL                                                                                            |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  |                                     |                |                                                                                                                               |                     |                                     |             |                                     |                              |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  | Avg                                 |                | Min                                                                                                                           |                     | Max                                 |             | #                                   |                              |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                      |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  | Channel Width (m):                  |                | 7.37                                                                                                                          |                     | 5.900                               |             | 8.600                               |                              | 6                                   |         |                               |  |                          |  |                          |  |                          |  |                          |  |
|                                                                                                    |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  | Wetted Width (m):                   |                | 5.32                                                                                                                          |                     | 4.6                                 |             | 6.2                                 |                              | 6                                   |         |                               |  |                          |  |                          |  |                          |  |                          |  |
|                                                                                                    |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  | Wb Depth (m):                       |                | 1.43                                                                                                                          |                     | 1.4                                 |             | 1.5                                 |                              | 3                                   |         |                               |  |                          |  |                          |  |                          |  |                          |  |
|                                                                                                    |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  | Avg %                               |                | 7.25                                                                                                                          |                     | 7                                   |             | 8                                   |                              | 4                                   |         |                               |  |                          |  |                          |  |                          |  |                          |  |
|                                                                                                    |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  | Pool Depth (m):                     |                | 0.53                                                                                                                          |                     | 0.430                               |             | 0.65                                |                              | 6                                   |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |                | Temp (C): 9                                                                                                                                                                                      |                  | pH: 7.1                                                                                                                                                                                        |                  | Cond.: 70                           |                | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                     |                                     |             |                                     |                              |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| MORPHOLOGY                                                                                         |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  |                                     |                |                                                                                                                               |                     |                                     |             |                                     |                              |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| Bed Material: Dominant: B                                                                          |                | Subdom: C                                                                                                                                                                                        |                  | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                  |                                     |                |                                                                                                                               |                     |                                     |             |                                     |                              |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| D95: 90.00                                                                                         |                | D (cm): 50.00                                                                                                                                                                                    |                  |                                                                                                                                                                                                |                  | O1                                  |                | B1                                                                                                                            |                     | B2                                  |             | B3                                  |                              | D1                                  |         | D2                            |  | D3                       |  |                          |  |                          |  |                          |  |
| Pattern: Si                                                                                        |                | Islands: N                                                                                                                                                                                       |                  |                                                                                                                                                                                                |                  | <input type="checkbox"/>            |                | <input type="checkbox"/>                                                                                                      |                     | <input type="checkbox"/>            |             | <input type="checkbox"/>            |                              | <input type="checkbox"/>            |         | <input type="checkbox"/>      |  | <input type="checkbox"/> |  |                          |  |                          |  |                          |  |
| Coupling: CO                                                                                       |                | Confinement: CO                                                                                                                                                                                  |                  | DISTURBANCE INDICATORS                                                                                                                                                                         |                  | C1                                  |                | C2                                                                                                                            |                     | C3                                  |             | C4                                  |                              | C5                                  |         | S1                            |  | S2                       |  | S3                       |  | S4                       |  | S5                       |  |
| Morph: CP                                                                                          |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  | <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"/> |  |
| COVER                                                                                              |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  |                                     |                |                                                                                                                               |                     |                                     |             |                                     |                              |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| Total: A                                                                                           |                | Type: SWD                                                                                                                                                                                        |                  | LWD                                                                                                                                                                                            |                  | B                                   |                | U                                                                                                                             |                     | DP                                  |             | OV                                  |                              | IV                                  |         | FSZ: <input type="checkbox"/> |  |                          |  |                          |  |                          |  |                          |  |
|                                                                                                    |                | Amount: T                                                                                                                                                                                        |                  | T                                                                                                                                                                                              |                  | D                                   |                | N                                                                                                                             |                     | S                                   |             | T                                   |                              | N                                   |         |                               |  |                          |  |                          |  |                          |  |                          |  |
|                                                                                                    |                | Loc: P/S/O:                                                                                                                                                                                      |                  | <input checked="" type="checkbox"/>                                                                                                                                                            |                  | <input checked="" type="checkbox"/> |                | <input checked="" type="checkbox"/>                                                                                           |                     | <input checked="" type="checkbox"/> |             | <input checked="" type="checkbox"/> |                              | <input checked="" type="checkbox"/> |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| LWD: F                                                                                             |                | DIST: E                                                                                                                                                                                          |                  | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/>                                                           |                  |                                     |                |                                                                                                                               |                     |                                     |             |                                     |                              |                                     |         | CROWN CLOSURE                 |  |                          |  |                          |  |                          |  |                          |  |
| RB SHP: S                                                                                          |                | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                  | RIP: C                                                                                                                                                                                         |                  | STG: MF                             |                |                                                                                                                               |                     |                                     |             |                                     |                              |                                     |         | 1                             |  | 1-20%                    |  |                          |  |                          |  |                          |  |
| LB SHP: V                                                                                          |                | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input checked="" type="checkbox"/> R <input type="checkbox"/> A |                  | RIP: C                                                                                                                                                                                         |                  | STG: MF                             |                |                                                                                                                               |                     |                                     |             |                                     |                              |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| FEATURES                                                                                           |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  |                                     |                |                                                                                                                               |                     |                                     |             |                                     |                              |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| NID Map                                                                                            | NID            | Type                                                                                                                                                                                             | Hgt              | Method                                                                                                                                                                                         | Lg               | Method                              | Photo          |                                                                                                                               |                     | AirPhoto                            |             |                                     | UTM (Zone/East/North/Method) |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| 103P.008                                                                                           | 88007          | F                                                                                                                                                                                                | 10.0             | AE                                                                                                                                                                                             | 3                | AE                                  | R:             | 5                                                                                                                             | F:                  | 24                                  | L:          | #:                                  | 9                            | 532033                              | 6101037 | GIS                           |  |                          |  |                          |  |                          |  |                          |  |
| Comments: Photo taken from heli                                                                    |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  |                                     |                |                                                                                                                               |                     |                                     |             |                                     |                              |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| NID Map                                                                                            | NID            | Type                                                                                                                                                                                             | Hgt              | Method                                                                                                                                                                                         | Lg               | Method                              | Photo          |                                                                                                                               |                     | AirPhoto                            |             |                                     | UTM (Zone/East/North/Method) |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| 103P.008                                                                                           | 88007          | F                                                                                                                                                                                                | 10.0             | AE                                                                                                                                                                                             | 3                | AE                                  | R:             | 5                                                                                                                             | F:                  | 23                                  | L:          | #:                                  | 9                            | 532033                              | 6101037 | GIS                           |  |                          |  |                          |  |                          |  |                          |  |
| Comments: Falls located upstream of confluence                                                     |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  |                                     |                |                                                                                                                               |                     |                                     |             |                                     |                              |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| FISH                                                                                               |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  |                                     |                |                                                                                                                               |                     |                                     |             |                                     |                              |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| Site Number                                                                                        | Capture Method | Number of Events                                                                                                                                                                                 | Total Length (m) | Total Time                                                                                                                                                                                     | Voltage          | Species                             | Total Fish     | Minimum Length (mm)                                                                                                           | Maximum Length (mm) |                                     |             |                                     |                              |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |
| 618                                                                                                | EF             | 1                                                                                                                                                                                                | 300              | 268 sec                                                                                                                                                                                        | 500              | NFC                                 | 0              |                                                                                                                               |                     |                                     |             |                                     |                              |                                     |         |                               |  |                          |  |                          |  |                          |  |                          |  |

February 12, 2001



# FDIS Site Card

Watershed Code: 400-324400-52900-17700-0000-0000-000-000-000-000-000

Reach # 3.0 ILP Map # ILP # 618 Site 618

| PROJECT                                                                                                                                                                                          |           |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------|--------------------------|--|-----------|-----|-----|-----------|-----|-----|----|------------|-----|-----|----|
| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                           |           |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      | Project Code: 3476                                                                                                                                                                                                                                                                                                      |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                                 |           |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| Project Watershed Code: 400-000000-00000-00000-0000-000-000-000-000-000-000                                                                                                                      |           |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| WATERSHED                                                                                                                                                                                        |           |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| Gazetted Name:                                                                                                                                                                                   |           |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      | Local Name: None                                                                                                                                                                                                                                                                                                        |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| Watershed Code: 400-324400-52900-17700-0000-000-000-000-000-000-000                                                                                                                              |           |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| ILP Map#:                                                                                                                                                                                        |           | ILP #:                                                                                                                                                                                           |                                     | NID Map #: 103P.008                 |                                                                                                                               |                                                                                                                                                                                                | NID #: 60018                        |                          |                                                                                                                                      | Reach #: 3.0                                                                                                                                                                                                                                                                                                            |                                                                                                    | Site #: 618                                                   |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| Field UTM(Zone/East/North/Method)                                                                                                                                                                |           |                                                                                                                                                                                                  |                                     | GIS UTM(Zone/East/North)            |                                                                                                                               |                                                                                                                                                                                                |                                     | Site Lg: 300             |                                                                                                                                      | Method: HC                                                                                                                                                                                                                                                                                                              |                                                                                                    | Access: H                                                     |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
|                                                                                                                                                                                                  |           |                                                                                                                                                                                                  |                                     | 9 530446 6101545                    |                                                                                                                               |                                                                                                                                                                                                |                                     | Ref. Name:               |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| Date: 2000/08/02                                                                                                                                                                                 |           | Time: 15:21                                                                                                                                                                                      |                                     | Agency: C172                        |                                                                                                                               |                                                                                                                                                                                                | Crew: EM/JD                         |                          |                                                                                                                                      | Fish Crd?: <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                          |                                                                                                    | Incomplete: <input type="checkbox"/>                          |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| CHANNEL                                                                                                                                                                                          |           |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
|                                                                                                                                                                                                  |           |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Gadient %</th> <th>Mtd</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Method I:</td> <td>7.0</td> <td>8.0</td> <td>AL</td> </tr> <tr> <td>Method II:</td> <td>8.0</td> <td>6.0</td> <td>AL</td> </tr> </tbody> </table> |                                                                                                    |                                                               |                          |                          |  | Gadient % | Mtd | Avg | Method I: | 7.0 | 8.0 | AL | Method II: | 8.0 | 6.0 | AL |
|                                                                                                                                                                                                  | Gadient % | Mtd                                                                                                                                                                                              | Avg                                 |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| Method I:                                                                                                                                                                                        | 7.0       | 8.0                                                                                                                                                                                              | AL                                  |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| Method II:                                                                                                                                                                                       | 8.0       | 6.0                                                                                                                                                                                              | AL                                  |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| Channel Width (m):                                                                                                                                                                               |           | T                                                                                                                                                                                                | 7.20                                | 8.60                                | 5.90                                                                                                                          | 6.40                                                                                                                                                                                           | 8.60                                | 7.50                     |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          | 7.37                     |  |           |     |     |           |     |     |    |            |     |     |    |
| Wetted Width (m):                                                                                                                                                                                |           | T                                                                                                                                                                                                | 5.20                                | 5.10                                | 4.60                                                                                                                          | 4.90                                                                                                                                                                                           | 5.90                                | 6.20                     |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          | 5.32                     |  |           |     |     |           |     |     |    |            |     |     |    |
| Pool Depth (m):                                                                                                                                                                                  |           | MS                                                                                                                                                                                               | 0.61                                | 0.53                                | 0.47                                                                                                                          | 0.65                                                                                                                                                                                           | 0.51                                | 0.43                     |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          | 0.53                     |  |           |     |     |           |     |     |    |            |     |     |    |
| Wb Depth:                                                                                                                                                                                        |           | 1.5                                                                                                                                                                                              | 1.4                                 | 1.4                                 | Avg: 1.43                                                                                                                     |                                                                                                                                                                                                |                                     | Method: MS               |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         | Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| COVER                                                                                                                                                                                            |           | Total: A                                                                                                                                                                                         |                                     |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         | No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| Type:                                                                                                                                                                                            |           | SWD                                                                                                                                                                                              | LWD                                 | B                                   | U                                                                                                                             | DP                                                                                                                                                                                             | OV                                  | IV                       | CROWN CLOSURE                                                                                                                        |                                                                                                                                                                                                                                                                                                                         |                                                                                                    | 1 1-20%                                                       |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| Amount:                                                                                                                                                                                          |           | T                                                                                                                                                                                                | T                                   | D                                   | N                                                                                                                             | S                                                                                                                                                                                              | T                                   | N                        | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                         |                                                                                                    | Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/> |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| Loc: P/S/O:                                                                                                                                                                                      |           | <input checked="" type="checkbox"/>                                                                                                                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                      | <input checked="" type="checkbox"/>                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| LWD: F                                                                                                                                                                                           |           | DIST: E                                                                                                                                                                                          |                                     |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| LB SHP: V                                                                                                                                                                                        |           | RB SHP: S                                                                                                                                                                                        |                                     |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input checked="" type="checkbox"/> R <input type="checkbox"/> A |           | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                                     |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| RIP: C                                                                                                                                                                                           |           | RIP: C                                                                                                                                                                                           |                                     |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| STG: MF                                                                                                                                                                                          |           | STG: MF                                                                                                                                                                                          |                                     |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| WATER                                                                                                                                                                                            |           |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| EMS:                                                                                                                                                                                             |           |                                                                                                                                                                                                  |                                     |                                     | Req #:                                                                                                                        |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| Temp: 9                                                                                                                                                                                          |           |                                                                                                                                                                                                  |                                     |                                     | Cond.: 70                                                                                                                     |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      | Method: S4                                                                                                                                                                                                                                                                                                              |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| pH: 7.1                                                                                                                                                                                          |           |                                                                                                                                                                                                  |                                     |                                     | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      | Method: GE                                                                                                                                                                                                                                                                                                              |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| Flood Signs: NONE                                                                                                                                                                                |           |                                                                                                                                                                                                  |                                     |                                     | Method: T3                                                                                                                    |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
|                                                                                                                                                                                                  |           |                                                                                                                                                                                                  |                                     |                                     | Method: P2                                                                                                                    |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
|                                                                                                                                                                                                  |           |                                                                                                                                                                                                  |                                     |                                     | Method: GE                                                                                                                    |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| MORPHOLOGY                                                                                                                                                                                       |           |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| Bed Material:                                                                                                                                                                                    |           | Dominant: B                                                                                                                                                                                      |                                     | Subdom: C                           |                                                                                                                               | O1                                                                                                                                                                                             |                                     | B1                       | B2                                                                                                                                   | B3                                                                                                                                                                                                                                                                                                                      | D1                                                                                                 | D2                                                            | D3                       |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| D95: 90.0                                                                                                                                                                                        |           | D (cm): 50.00                                                                                                                                                                                    |                                     | Morph: CP                           |                                                                                                                               | DISTURBANCE INDICATORS                                                                                                                                                                         |                                     | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                           | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> |  |           |     |     |           |     |     |    |            |     |     |    |
| Pattern: SI                                                                                                                                                                                      |           |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                               | C1                                                                                                                                                                                             |                                     | C2                       | C3                                                                                                                                   | C4                                                                                                                                                                                                                                                                                                                      | C5                                                                                                 | S1                                                            | S2                       | S3                       |  |           |     |     |           |     |     |    |            |     |     |    |
| Islands: N                                                                                                                                                                                       |           |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                               | <input type="checkbox"/>                                                                                                                                                                       |                                     | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                           | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> |  |           |     |     |           |     |     |    |            |     |     |    |
| Coupling: CO                                                                                                                                                                                     |           |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                               | <input type="checkbox"/>                                                                                                                                                                       |                                     | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                           | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> |  |           |     |     |           |     |     |    |            |     |     |    |
| Confinement: CO                                                                                                                                                                                  |           |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                               | <input type="checkbox"/>                                                                                                                                                                       |                                     | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                           | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> |  |           |     |     |           |     |     |    |            |     |     |    |
| FSZ <input type="checkbox"/>                                                                                                                                                                     |           |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                               | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| FEATURES                                                                                                                                                                                         |           |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| NID Map                                                                                                                                                                                          | NID       | Type                                                                                                                                                                                             | Hgt                                 | Method                              | Lg                                                                                                                            | Method                                                                                                                                                                                         | Photo                               |                          | AirPhoto                                                                                                                             |                                                                                                                                                                                                                                                                                                                         | UTM (Zone/East/North/Method)                                                                       |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| 103P.008                                                                                                                                                                                         | 88007     | F                                                                                                                                                                                                | 10.0                                | AE                                  | 3                                                                                                                             | AE                                                                                                                                                                                             | R: 5                                | F: 24                    | L:                                                                                                                                   | #:                                                                                                                                                                                                                                                                                                                      | 9                                                                                                  | 532033                                                        | 6101037                  | GIS                      |  |           |     |     |           |     |     |    |            |     |     |    |
| Comments:                                                                                                                                                                                        |           | Photo taken from heli                                                                                                                                                                            |                                     |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| NID Map                                                                                                                                                                                          | NID       | Type                                                                                                                                                                                             | Hgt                                 | Method                              | Lg                                                                                                                            | Method                                                                                                                                                                                         | Photo                               |                          | AirPhoto                                                                                                                             |                                                                                                                                                                                                                                                                                                                         | UTM (Zone/East/North/Method)                                                                       |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| 103P.008                                                                                                                                                                                         | 88007     | F                                                                                                                                                                                                | 10.0                                | AE                                  | 3                                                                                                                             | AE                                                                                                                                                                                             | R: 5                                | F: 23                    | L:                                                                                                                                   | #:                                                                                                                                                                                                                                                                                                                      | 9                                                                                                  | 532033                                                        | 6101037                  | GIS                      |  |           |     |     |           |     |     |    |            |     |     |    |
| Comments:                                                                                                                                                                                        |           | Falls located upstream of confluence                                                                                                                                                             |                                     |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| HABITAT QUALITY                                                                                                                                                                                  |           |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| Name                                                                                                                                                                                             |           | Comments                                                                                                                                                                                         |                                     |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |
| OverWinter Habitat                                                                                                                                                                               |           | Overwintering habitat present                                                                                                                                                                    |                                     |                                     |                                                                                                                               |                                                                                                                                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                               |                          |                          |  |           |     |     |           |     |     |    |            |     |     |    |

# FDIS Site Card

Watershed Code: 400-324400-52900-17700-0000-0000-000-000-000-000

Reach # 3.0 ILP Map # ILP # 618 Site

| HABITAT QUALITY  |   |        |                                                                                                                            |          |                                            |
|------------------|---|--------|----------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------|
| Name             |   |        | Comments                                                                                                                   |          |                                            |
| Spawning Habitat |   |        | Poor spawning habitat-high gradient, large substrates, and high energy                                                     |          |                                            |
| Rearing Habitat  |   |        | Moderate rearing habitat-abundant cover, habitat complexity, access upstream may be limited by small cascades within reach |          |                                            |
| PHOTOS           |   |        |                                                                                                                            |          |                                            |
| Photo            |   | Foc Lg | Dir                                                                                                                        | Comments |                                            |
| R:               | 5 | F: 21  | STD                                                                                                                        | D        | Downstream photo of a boulder filled rapid |
| R:               | 5 | F: 22  | STD                                                                                                                        | U        | Upstream photo of cascade pool habitat     |
| R:               | 5 | F: 23  | STD                                                                                                                        | U        | Feature: Photo of a 10 m falls.            |
| R:               | 5 | F: 24  | STD                                                                                                                        | U        | Feature: Photo of a 10 m falls.            |
| COMMENTS         |   |        |                                                                                                                            |          |                                            |
| Section          |   |        | Comments                                                                                                                   |          |                                            |
| SITE CARD        |   |        | Fish form 30499                                                                                                            |          |                                            |
| CHANNEL          |   |        | This stream does not flow into fish bearing water.                                                                         |          |                                            |
| CHANNEL          |   |        | S5 Stream                                                                                                                  |          |                                            |

# FDIS Fish Form

Reach #      ILP Map #      ILP #

Watershed Code:      400-324400-52900-17700-0000-0000-000-000-000-000-000

3.0

| WATERBODY                                                   |          |        |                          |                  |          |                |                |                 |         |              |               |                                    |  |
|-------------------------------------------------------------|----------|--------|--------------------------|------------------|----------|----------------|----------------|-----------------|---------|--------------|---------------|------------------------------------|--|
| Gazetted Name:                                              |          |        |                          |                  |          |                |                |                 |         | Local: None  |               |                                    |  |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-0 |          |        |                          |                  |          |                |                |                 |         |              |               |                                    |  |
| WS Code: 400-324400-52900-17700-0000-0000-000-000-000-000   |          |        |                          |                  |          |                |                |                 |         |              |               |                                    |  |
| Waterbody ID:                                               |          |        |                          | ILP Map #:       |          |                |                | ILP #:          |         | Reach #: 3 - |               |                                    |  |
| Project ID: 3476                                            |          |        |                          | Lake/Stream: S   |          |                |                | Lake From Date: |         |              |               |                                    |  |
| Fish Permit #:                                              |          | 25350K |                          | Date: 2000/08/02 |          | To: 2000/08/02 |                | Agency: C172    |         | Crew: EM/JD  |               | Resample: <input type="checkbox"/> |  |
| SITE / METHOD                                               |          |        |                          |                  |          |                |                |                 |         |              |               |                                    |  |
| Site#                                                       | NID Map  | NID #  | UTM:Zone/East/North/Mthd |                  |          | MTD/NO         | Temp           | Cond            | Turbid  | Comment      |               |                                    |  |
| 618                                                         | 103P.008 | 60018  |                          |                  |          | EF 1           | 9              | 70              | C       |              |               |                                    |  |
| A. GEAR SETTINGS                                            |          |        |                          |                  |          |                |                |                 |         |              |               |                                    |  |
| Site#                                                       | MTD/NO   | H/P    | Date In                  | Time In          | Date Out | Time Out       | Comment        |                 |         |              |               |                                    |  |
| 618                                                         | EF       | 1      | 1                        | 2000/08/02       | 15:21    | 2000/08/02     | 16:00          |                 |         |              |               |                                    |  |
| C. ELECTROFISHER SPECIFICATIONS                             |          |        |                          |                  |          |                |                |                 |         |              |               |                                    |  |
| Site#                                                       | MTD/NO   | H/P    | Encl                     | Sec              | Lnth     | Width          | Voltage        | Frequency       | Pulse   | Make         | Model         |                                    |  |
| 618                                                         | EF       | 1      | 1                        | O                | 268      | 300.0          | 6.5            | 500             | 60      | 6            | SMITH<br>ROOT | 12B                                |  |
| FISH SUMMARY                                                |          |        |                          |                  |          |                |                |                 |         |              |               |                                    |  |
| Site#                                                       | MTD/NO   | H/P    | Species                  | Stage            | Age      | Total #        | Lgth (Min/Max) | FishAct         | Comment |              |               |                                    |  |
| 618                                                         | EF       | 1      | 1                        | NFC              |          | 0              |                |                 |         |              |               |                                    |  |





Site #618. Downstream photo of a boulder filled rapid  
Roll #5, Frame #21, Date: 2000/08/02



Site #618. Upstream photo of cascade pool habitat  
Roll #5, Frame #22, Date: 2000/08/02





Site #618, Feature: Photo of a 10 m falls.  
Roll #5, Frame #23, Date: 2000/08/02



Site #618, Feature: Photo of a 10 m falls.  
Roll #5, Frame #24, Date: 2000/08/02



# Stream Reach/Site Summary Report

Reach # ILP Map # ILP #

Watershed Code: 400-324400-29000-59400-0130-0000-000-000-000-000-000

2.0

| STREAM REFERENCING                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                  |                                     |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
|----------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------|-----|--------------------|------|------|------|----|-------------------|---------|-------|-------|---|---------------|------|-----|-----|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------|---|------------|------|---|---|---|-----------------|------|------|-------|---|
| Gazetted Name:                                                                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                  | Local Name: None                    |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Watershed Code: 400-324400-29000-59400-0130-0000-000-000-000-000-000                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                  | ILP Map #:                          |                                     | ILP #:                              |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| REACH                                                                                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                  |                                     |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Reach #: 2.0                                                                                       |                          | UTM(Zone/East/North): 9.534316.6105292                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                  | Sample Type: B                      |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Length (km): 90                                                                                    |                          | Gradient (%): 8.67                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | US Elev (m): 1057                                                                                                                                                                                                                |                                     | Order: 3                            |                                     | Magnitude: 5                                                                                                                  |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Confinement: CO                                                                                    |                          | Coupling: PC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | Open water: A                                                                                                                                                                                                                    |                                     | BGC Zone: MH                        |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Islands: N                                                                                         |                          | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | Riparian Veg.: C                                                                                                                                                                                                                 |                                     | Landuse: NO                         |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| SITE                                                                                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                  |                                     |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Site #: 619                                                                                        |                          | GIS UTM(Zone/East/North)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | Date: 2000/08/02                                                                                                                                                                                                                 |                                     | Agency: C172                        |                                     | Crew: EM/JD                                                                                                                   |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Site Lg (m): 200                                                                                   |                          | 9 534368 6105097                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | Ref. Name:                                                                                                                                                                                                                       |                                     |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| CHANNEL                                                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                  |                                     |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                  |                                     |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                      |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                  |                                     |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
|                                                                                                    |                          | <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th></th><th>Avg</th><th>Min</th><th>Max</th><th>#</th></tr></thead><tbody><tr><td>Channel Width (m):</td><td>1.38</td><td>1.28</td><td>1.53</td><td>6</td></tr><tr><td>Wetted Width (m):</td><td>1.24</td><td>1.080</td><td>1.460</td><td>6</td></tr><tr><td>Wb Depth (m):</td><td>0.40</td><td>0.4</td><td>0.4</td><td>3</td></tr></tbody></table>                                                                                                                                                                                                      |                                     |                                                                                                                                                                                                                                  |                                     |                                     | Avg                                 | Min                                                                                                                           | Max                 | #   | Channel Width (m): | 1.38 | 1.28 | 1.53 | 6  | Wetted Width (m): | 1.24    | 1.080 | 1.460 | 6 | Wb Depth (m): | 0.40 | 0.4 | 0.4 | 3           | <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th></th><th>Avg %</th><th>Min %</th><th>Max %</th><th>#</th></tr></thead><tbody><tr><td>Gadient %:</td><td>3.75</td><td>3</td><td>5</td><td>4</td></tr><tr><td>Pool Depth (m):</td><td>0.23</td><td>0.16</td><td>0.310</td><td>6</td></tr></tbody></table> |                          |                                     |                                     |                                     | Avg %                               | Min %                               | Max %                         | # | Gadient %: | 3.75 | 3 | 5 | 4 | Pool Depth (m): | 0.23 | 0.16 | 0.310 | 6 |
|                                                                                                    | Avg                      | Min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Max                                 | #                                                                                                                                                                                                                                |                                     |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Channel Width (m):                                                                                 | 1.38                     | 1.28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1.53                                | 6                                                                                                                                                                                                                                |                                     |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Wetted Width (m):                                                                                  | 1.24                     | 1.080                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.460                               | 6                                                                                                                                                                                                                                |                                     |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Wb Depth (m):                                                                                      | 0.40                     | 0.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0.4                                 | 3                                                                                                                                                                                                                                |                                     |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
|                                                                                                    | Avg %                    | Min %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Max %                               | #                                                                                                                                                                                                                                |                                     |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Gadient %:                                                                                         | 3.75                     | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5                                   | 4                                                                                                                                                                                                                                |                                     |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Pool Depth (m):                                                                                    | 0.23                     | 0.16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0.310                               | 6                                                                                                                                                                                                                                |                                     |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |                          | Temp (C): 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | pH: 7.0                                                                                                                                                                                                                          |                                     | Cond.: 40                           |                                     | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| MORPHOLOGY                                                                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                  |                                     |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Bed Material: Dominant: G                                                                          |                          | Subdom: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                   |                                     |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| D95: 40.00                                                                                         |                          | D (cm): 10.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                                                             |                                     |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Pattern: IM                                                                                        |                          | Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                   |                                     |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Coupling: DC                                                                                       |                          | Confinement: UN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | DISTURBANCE INDICATORS                                                                                                                                                                                                           |                                     |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Morph: RP                                                                                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                                                    |                                     |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
|                                                                                                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | <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"/> |                                     |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| COVER                                                                                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                  |                                     |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Total: M                                                                                           |                          | <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>Type:</th><th>SWD</th><th>LWD</th><th>B</th><th>U</th><th>DP</th><th>OV</th><th>IV</th></tr></thead><tbody><tr><td>Amount:</td><td>N</td><td>N</td><td>T</td><td>D</td><td>S</td><td>T</td><td>T</td></tr><tr><td>Loc: P/S/O:</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr></tbody></table> |                                     |                                                                                                                                                                                                                                  |                                     |                                     |                                     |                                                                                                                               | Type:               | SWD | LWD                | B    | U    | DP   | OV | IV                | Amount: | N     | N     | T | D             | S    | T   | T   | Loc: P/S/O: | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | FSZ: <input type="checkbox"/> |   |            |      |   |   |   |                 |      |      |       |   |
| Type:                                                                                              | SWD                      | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | B                                   | U                                                                                                                                                                                                                                | DP                                  | OV                                  | IV                                  |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Amount:                                                                                            | N                        | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | T                                   | D                                                                                                                                                                                                                                | S                                   | T                                   | T                                   |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Loc: P/S/O:                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| LWD: N                                                                                             |                          | DIST: NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | INSTREAM VEG: N <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input checked="" type="checkbox"/>                                                                                             |                                     |                                     |                                     | CROWN CLOSURE                                                                                                                 |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| RB SHP: O                                                                                          |                          | Texture: <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | RIP: G                                                                                                                                                                                                                           |                                     | STG: INIT                           |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| LB SHP: O                                                                                          |                          | Texture: <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | RIP: G                                                                                                                                                                                                                           |                                     | STG: INIT                           |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
|                                                                                                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                  |                                     |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
|                                                                                                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                  |                                     |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| FISH                                                                                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                  |                                     |                                     |                                     |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Site Number                                                                                        | Capture Method           | Number of Events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total Length (m)                    | Total Time                                                                                                                                                                                                                       | Voltage                             | Species                             | Total Fish                          | Minimum Length (mm)                                                                                                           | Maximum Length (mm) |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |
| 619                                                                                                | EF                       | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 200                                 | 186 sec                                                                                                                                                                                                                          | 500                                 | NFC                                 | 0                                   |                                                                                                                               |                     |     |                    |      |      |      |    |                   |         |       |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                         |                          |                                     |                                     |                                     |                                     |                                     |                               |   |            |      |   |   |   |                 |      |      |       |   |

February 12, 2001



# FDIS Site Card

Watershed Code: 400-324400-29000-59400-0130-0000-000-000-000-000-000-000 Reach # 2.0 ILP Map # ILP # Site 619

| PROJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                                                                                                                                  |                          |                          |                                                                 |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------------------------------------------|-------------------------------------|--------------------------|------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------|-----|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|------|------|------|------|------|------|--|--|--|--|------|-------------------|---|------|------|------|------|------|------|--|--|--|--|------|-----------------|----|------|------|------|------|------|------|--|--|--|--|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-----------|-----|-----|-----------|-----|-----|----|------------|-----|-----|----|
| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                                                                                                                                                                  |                          |                          |                                                                 |                                     |                          |                                                |                          | Project Code: 3476                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                  |                          |                          |                                                                 |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Project Watershed Code: 400-000000-00000-00000-0000-0000-000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                  |                          |                          |                                                                 |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| WATERSHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                                                                                                                                                                                  |                          |                          |                                                                 |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Gazetted Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                                                                                                                                                  |                          |                          |                                                                 |                                     |                          |                                                |                          | Local Name: None                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Watershed Code: 400-324400-29000-59400-0130-0000-000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                                                                                                                                                  |                          |                          |                                                                 |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| ILP Map#:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | ILP #:                                                                                                                                                                                           |                          | NID Map #: 103P.008      |                                                                 | NID #: 60019                        |                          | Reach #: 2.0                                   |                          | Site #: 619                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Field UTM(Zone/East/North/Method)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                                                                                                  |                          | GIS UTM(Zone/East/North) |                                                                 |                                     |                          | Site Lg: 200                                   |                          | Method: HC                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       | Access: H                                                                                          |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                  |                          | 9 534368 6105097         |                                                                 |                                     |                          | Ref. Name:                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Date: 2000/08/02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | Time: 16:10                                                                                                                                                                                      |                          | Agency: C172             |                                                                 | Crew: EM/JD                         |                          | Fish Crd?: <input checked="" type="checkbox"/> |                          | Incomplete: <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| CHANNEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                                                                                                                                  |                          |                          |                                                                 |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Mtd</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Channel Width (m):</td> <td>T</td> <td>1.41</td> <td>1.36</td> <td>1.28</td> <td>1.53</td> <td>1.43</td> <td>1.29</td> <td></td> <td></td> <td></td> <td></td> <td>1.38</td> </tr> <tr> <td>Wetted Width (m):</td> <td>T</td> <td>1.16</td> <td>1.28</td> <td>1.14</td> <td>1.46</td> <td>1.31</td> <td>1.08</td> <td></td> <td></td> <td></td> <td></td> <td>1.24</td> </tr> <tr> <td>Pool Depth (m):</td> <td>MS</td> <td>0.31</td> <td>0.26</td> <td>0.21</td> <td>0.16</td> <td>0.31</td> <td>0.16</td> <td></td> <td></td> <td></td> <td></td> <td>0.23</td> </tr> </tbody> </table> |                          |                                                                                                                                                                                                  |                          |                          |                                                                 |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    | Mtd | width                               | width                    | width                    | width                    | width                    | width                    | width                    | width                    | width                    | width                    | Avg                      | Channel Width (m):       | T | 1.41 | 1.36 | 1.28 | 1.53 | 1.43 | 1.29 |  |  |  |  | 1.38 | Wetted Width (m): | T | 1.16 | 1.28 | 1.14 | 1.46 | 1.31 | 1.08 |  |  |  |  | 1.24 | Pool Depth (m): | MS | 0.31 | 0.26 | 0.21 | 0.16 | 0.31 | 0.16 |  |  |  |  | 0.23 | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Gadient %</th> <th>Mtd</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Method I:</td> <td>3.0</td> <td>4.0</td> <td>AL</td> </tr> <tr> <td>Method II:</td> <td>3.0</td> <td>5.0</td> <td>AL</td> </tr> </tbody> </table> |  |  |  | Gadient % | Mtd | Avg | Method I: | 3.0 | 4.0 | AL | Method II: | 3.0 | 5.0 | AL |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mtd                      | width                                                                                                                                                                                            | width                    | width                    | width                                                           | width                               | width                    | width                                          | width                    | width                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | width | Avg                                                                                                |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Channel Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | T                        | 1.41                                                                                                                                                                                             | 1.36                     | 1.28                     | 1.53                                                            | 1.43                                | 1.29                     |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       | 1.38                                                                                               |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Wetted Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | T                        | 1.16                                                                                                                                                                                             | 1.28                     | 1.14                     | 1.46                                                            | 1.31                                | 1.08                     |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       | 1.24                                                                                               |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Pool Depth (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MS                       | 0.31                                                                                                                                                                                             | 0.26                     | 0.21                     | 0.16                                                            | 0.31                                | 0.16                     |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       | 0.23                                                                                               |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Gadient %                | Mtd                                                                                                                                                                                              | Avg                      |                          |                                                                 |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Method I:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3.0                      | 4.0                                                                                                                                                                                              | AL                       |                          |                                                                 |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Method II:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3.0                      | 5.0                                                                                                                                                                                              | AL                       |                          |                                                                 |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Wb Depth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | .4                                                                                                                                                                                               |                          | .4                       |                                                                 | .4                                  |                          | Avg: 0.40                                      |                          | Method: MS                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       | Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| COVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | Total: M                                                                                                                                                                                         |                          |                          |                                                                 |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | SWD                                                                                                                                                                                              |                          | LWD                      |                                                                 | B                                   |                          | U                                              |                          | DP                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       | OV                                                                                                 |     | IV                                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | N                                                                                                                                                                                                |                          | N                        |                                                                 | T                                   |                          | D                                              |                          | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       | T                                                                                                  |     | T                                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Loc: P/S/O:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | <input type="checkbox"/>                                                                                                                                                                         |                          | <input type="checkbox"/> |                                                                 | <input checked="" type="checkbox"/> |                          | <input checked="" type="checkbox"/>            |                          | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                         |       | <input checked="" type="checkbox"/>                                                                |     | <input checked="" type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| LWD: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | DIST: NA                                                                                                                                                                                         |                          |                          |                                                                 |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| LB SHP: O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | RB SHP: O                                                                                                                                                                                        |                          |                          |                                                                 |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Texture: <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | Texture: <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                          |                          |                                                                 |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| RIP: G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | RIP: G                                                                                                                                                                                           |                          |                          |                                                                 |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| STG: INIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | STG: INIT                                                                                                                                                                                        |                          |                          |                                                                 |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                                                                                                  |                          |                          |                                                                 |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| EMS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                                                                                                                                  |                          |                          | Reg #:                                                          |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Temp: 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                                                                                                                                  |                          |                          | Method: T3                                                      |                                     |                          |                                                |                          | Cond.: 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| pH: 7.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                                                                                                                                  |                          |                          | Method: P2                                                      |                                     |                          |                                                |                          | Method: S4                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Flood Signs: NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                                                                                                  |                          |                          | Method: GE                                                      |                                     |                          |                                                |                          | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                  |                          |                          |                                                                 |                                     |                          |                                                |                          | Method: GE                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| MORPHOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                  |                          |                          |                                                                 |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Bed Material: Dominant: G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                                                                                                                                                                                  |                          |                          | Subdom: C                                                       |                                     |                          |                                                |                          | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| D95: 40.0 D (cm): 10.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                                                                                                                                  |                          |                          | Morph: RP                                                       |                                     |                          |                                                |                          | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>                                                                                                       |       |                                                                                                    |     |                                     | <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"/> |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Pattern: IM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                                                                                                                                                                  |                          |                          | DISTURBANCE INDICATORS                                          |                                     |                          |                                                |                          | C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                  |                          |                          |                                                                 |                                     |                          |                                                |                          | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> |       |                                                                                                    |     |                                     | <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"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Coupling: DC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                  |                          |                          |                                                                 |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Confinement: UN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                  |                          |                          |                                                                 |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| FSZ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                  |                          |                          |                                                                 |                                     |                          |                                                |                          | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                              |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| HABITAT QUALITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                  |                          |                          |                                                                 |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                                                                                                                                  |                          |                          | Comments                                                        |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| OverWinter Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                                                                                                                  |                          |                          | Overwintering habitat present                                   |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Spawning Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                  |                          |                          | Moderate spawning habitat-abundant gravel, limited by low flows |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Rearing Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                  |                          |                          | Poor rearing habitat-shallow, subject to low flows              |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| PHOTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                                                                                                                                                                  |                          |                          |                                                                 |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Photo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                                                                                                  | Foc Lg                   |                          | Dir                                                             |                                     | Comments                 |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| R:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7                        | F:                                                                                                                                                                                               | 1                        | STD                      |                                                                 | U                                   |                          | Upstream photo of a riffle section             |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| R:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7                        | F:                                                                                                                                                                                               | 2                        | STD                      |                                                                 | D                                   |                          | Downstream photo of a meandering channel       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                                                                                                                                                  |                          |                          |                                                                 |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                                                                                                                                  |                          |                          | Comments                                                        |                                     |                          |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                                    |     |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |

## FDIS Site Card

Watershed Code: 400-324400-29000-59400-0130-0000-000-000-000-000-000

Reach #

ILP Map #

ILP #

Site

2.0

619

| Section   | Comments                                                                     |
|-----------|------------------------------------------------------------------------------|
| SITE CARD | Fish form 30558                                                              |
| CHANNEL   | Barrier in downstream reaches prevents upstream fish migration to this reach |
| CHANNEL   | S6 Stream                                                                    |

# FDIS Fish Form

Reach #      ILP Map #      ILP #

Watershed Code:      400-324400-29000-59400-0130-0000-000-000-000-000-000

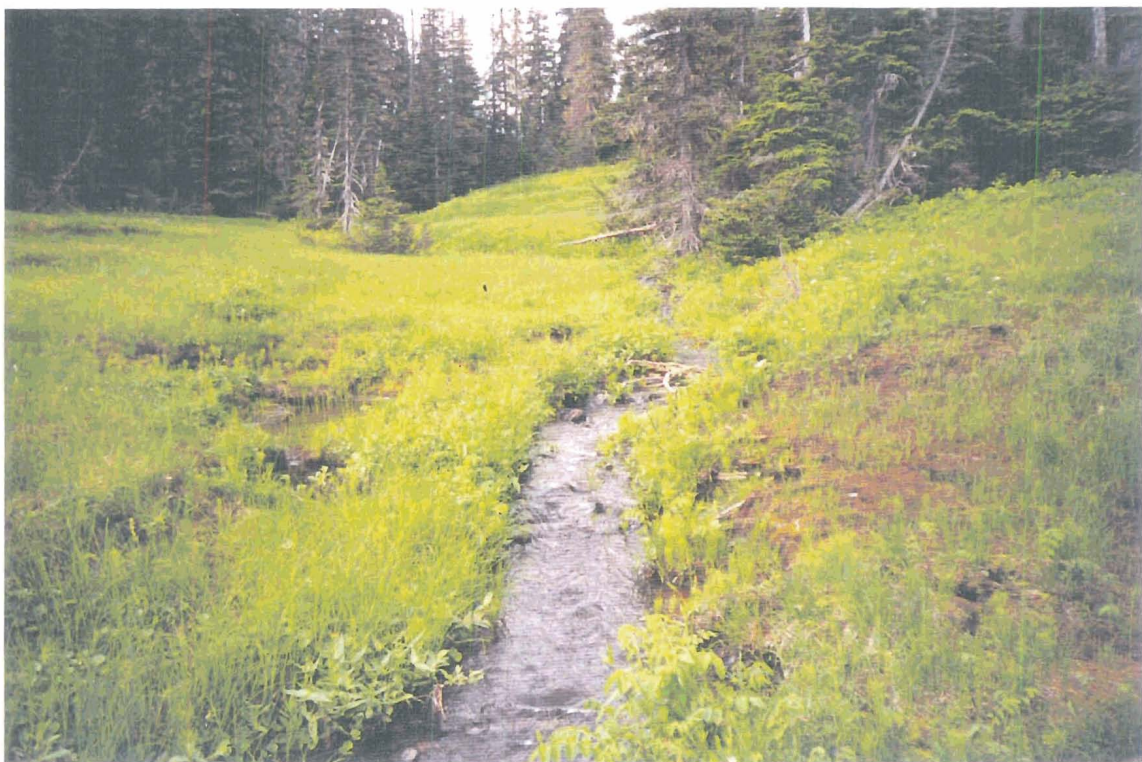
2.0

| WATERBODY                                                     |          |       |                          |                |            |                |                |                 |              |              |               |     |                                    |
|---------------------------------------------------------------|----------|-------|--------------------------|----------------|------------|----------------|----------------|-----------------|--------------|--------------|---------------|-----|------------------------------------|
| Gazetted Name:                                                |          |       |                          |                |            |                |                |                 |              | Local: None  |               |     |                                    |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-0   |          |       |                          |                |            |                |                |                 |              |              |               |     |                                    |
| WS Code: 400-324400-29000-59400-0130-0000-000-000-000-000-000 |          |       |                          |                |            |                |                |                 |              |              |               |     |                                    |
| Waterbody ID:                                                 |          |       |                          | ILP Map #:     |            |                |                | ILP #:          |              | Reach #: 2 - |               |     |                                    |
| Project ID: 3476                                              |          |       |                          | Lake/Stream: S |            |                |                | Lake From Date: |              |              |               |     |                                    |
| Fish Permit #: 25350K                                         |          |       | Date: 2000/08/02         |                |            | To: 2000/08/02 |                |                 | Agency: C172 |              | Crew: EM/JD   |     | Resample: <input type="checkbox"/> |
| SITE / METHOD                                                 |          |       |                          |                |            |                |                |                 |              |              |               |     |                                    |
| Site#                                                         | NID Map  | NID # | UTM:Zone/East/North/Mthd |                |            | MTD/NO         | Temp           | Cond            | Turbid       | Comment      |               |     |                                    |
| 619                                                           | 103P.008 | 60019 |                          |                |            | EF 1           | 8              | 40              | C            |              |               |     |                                    |
| A. GEAR SETTINGS                                              |          |       |                          |                |            |                |                |                 |              |              |               |     |                                    |
| Site#                                                         | MTD/NO   | H/P   | Date In                  | Time In        | Date Out   | Time Out       | Comment        |                 |              |              |               |     |                                    |
| 619                                                           | EF 1     | 1     | 2000/08/02               | 16:10          | 2000/08/02 | 16:50          |                |                 |              |              |               |     |                                    |
| C. ELECTROFISHER SPECIFICATIONS                               |          |       |                          |                |            |                |                |                 |              |              |               |     |                                    |
| Site#                                                         | MTD/NO   | H/P   | Encl                     | Sec            | Lnth       | Wdth           | Voltage        | Frequency       | Pulse        | Make         | Model         |     |                                    |
| 619                                                           | EF       | 1     | 1                        | O              | 186        | 200.0          | 1.0            | 500             | 60           | 6            | SMITH<br>ROOT | 12B |                                    |
| FISH SUMMARY                                                  |          |       |                          |                |            |                |                |                 |              |              |               |     |                                    |
| Site#                                                         | MTD/NO   | H/P   | Species                  | Stage          | Age        | Total #        | Lgth (Min/Max) | FishAct         | Comment      |              |               |     |                                    |
| 619                                                           | EF       | 1     | 1                        | NFC            |            | 0              |                |                 |              |              |               |     |                                    |





Site #619, Downstream photo of a meandering channel  
Roll #7, Frame #2, Date: 2000/08/02



Site #619, Upstream photo of a riffle section  
Roll #7, Frame #1, Date: 2000/08/02



# Stream Reach/Site Summary Report

Watershed Code: 400-324400-29000-00000-00000-000-000-000-000-000

Reach # 7.0  
ILP Map #  
ILP #

| STREAM REFERENCING                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                         |                          |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
|----------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------|-----|-----|---|---|----|----|----|---------|---|---|---|---|---|---|---|-------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------|--|
| Gazetted Name:                                                                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                         | Local Name: None                    |                                                                                                                                                                                                         |                          |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| Watershed Code: 400-324400-29000-00000-00000-000-000-000-000-000                                   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                         | ILP Map #:                          |                                                                                                                                                                                                         | ILP #:                   |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| REACH                                                                                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                         |                          |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| Reach #: 7.0                                                                                       |                          | UTM(Zone/East/North): 9.538486.6108706                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                         | Sample Type: B                      |                                                                                                                                                                                                         |                          |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| Length (km): 1.47                                                                                  |                          | Gradient (%): 11.9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | US Elev (m): 1224                                                                                                                                                                                       |                                     | Order: 3                                                                                                                                                                                                |                          | Magnitude: 11                                                                                                                 |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| Confinement: CO                                                                                    |                          | Coupling: CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | Open water: A                                                                                                                                                                                           |                                     | BGC Zone: MH                                                                                                                                                                                            |                          |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| Islands: N                                                                                         |                          | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | Riparian Veg.: M                                                                                                                                                                                        |                                     | Landuse: NO                                                                                                                                                                                             |                          |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| SITE                                                                                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                         |                          |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| Site #: 620                                                                                        |                          | GIS UTM(Zone/East/North)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | Date: 2000/08/03                                                                                                                                                                                        |                                     | Agency: C172                                                                                                                                                                                            |                          | Crew: EM/JD                                                                                                                   |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| Site Lg (m): 300                                                                                   |                          | 9 538533 6107744                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | Ref. Name:                                                                                                                                                                                              |                                     |                                                                                                                                                                                                         |                          |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| CHANNEL                                                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                         |                          |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | Avg Min Max #                                                                                                                                                                                           |                                     | Avg % Min % Max % #                                                                                                                                                                                     |                          |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                      |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | Channel Width (m): 26.07 21.20 32.6 6                                                                                                                                                                   |                                     | Gradient %: 6.50 7 8 4                                                                                                                                                                                  |                          |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
|                                                                                                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | Wetted Width (m): 5.57 4.6 6.400 6                                                                                                                                                                      |                                     | Pool Depth (m): 0.32 0.12 0.41 6                                                                                                                                                                        |                          |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
|                                                                                                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | Wb Depth (m): 1.30 1.2 1.4 3                                                                                                                                                                            |                                     |                                                                                                                                                                                                         |                          |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |                          | Temp (C): 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | pH: 7.2                                                                                                                                                                                                 |                                     | Cond.: 50                                                                                                                                                                                               |                          | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input checked="" type="checkbox"/> L <input type="checkbox"/> C |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| MORPHOLOGY                                                                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                         |                          |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| Bed Material: Dominant: B                                                                          |                          | Subdom: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | Bars: <input type="checkbox"/> N <input checked="" type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR          |                                     |                                                                                                                                                                                                         |                          |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| D95: 45.00                                                                                         |                          | D (cm): 40.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                                    |                                     |                                                                                                                                                                                                         |                          |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| Pattern: SI                                                                                        |                          | Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                     |                                                                                                                                                                                                         |                          |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| Coupling: PC                                                                                       |                          | Confinement: FC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | DISTURBANCE INDICATORS                                                                                                                                                                                  |                                     | C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                           |                          |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| Morph: CP                                                                                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                         |                                     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                          |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| COVER                                                                                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                         |                          |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| Total: A                                                                                           |                          | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Type:</td> <td>SWD</td> <td>LWD</td> <td>B</td> <td>U</td> <td>DP</td> <td>OV</td> <td>IV</td> </tr> <tr> <td>Amount:</td> <td>N</td> <td>N</td> <td>D</td> <td>N</td> <td>T</td> <td>N</td> <td>N</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> |                                     |                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                         |                          |                                                                                                                               | Type:               | SWD | LWD | B | U | DP | OV | IV | Amount: | N | N | D | N | T | N | N | Loc: P/S/O: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FSZ: <input type="checkbox"/> |  |
| Type:                                                                                              | SWD                      | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | B                                   | U                                                                                                                                                                                                       | DP                                  | OV                                                                                                                                                                                                      | IV                       |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| Amount:                                                                                            | N                        | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D                                   | N                                                                                                                                                                                                       | T                                   | N                                                                                                                                                                                                       | N                        |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| Loc: P/S/O:                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                | <input type="checkbox"/> |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| LWD: N                                                                                             |                          | DIST: NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/>                                                                    |                                     | CROWN CLOSURE<br>0 0%                                                                                                                                                                                   |                          |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| RB SHP: S                                                                                          |                          | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | RIP: S                                                                                                                                                                                                  |                                     | STG: SHR                                                                                                                                                                                                |                          |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| LB SHP: S                                                                                          |                          | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | RIP: S                                                                                                                                                                                                  |                                     | STG: SHR                                                                                                                                                                                                |                          |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| FISH                                                                                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                         |                          |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| Site Number                                                                                        | Capture Method           | Number of Events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total Length (m)                    | Total Time                                                                                                                                                                                              | Voltage                             | Species                                                                                                                                                                                                 | Total Fish               | Minimum Length (mm)                                                                                                           | Maximum Length (mm) |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |
| 620                                                                                                | EF                       | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 300                                 | 361 sec                                                                                                                                                                                                 | 600                                 | NFC                                                                                                                                                                                                     | 0                        |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                          |                          |                                     |                          |                                     |                          |                          |                               |  |

# FDIS Site Card

Watershed Code: 400-324400-29000-00000-0000-000-000-000-000-000

Reach # 7.0 ILP Map # ILP # Site 620

| PROJECT                                                                                                                                                                                          |  |                                                                                                                                                                                                  |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|---------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------|----------------------------------------|-------|-----|
| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                           |  |                                                                                                                                                                                                  |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      | Project Code: 3476                                                                                                            |                                      |           |                                        |       |     |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                                 |  |                                                                                                                                                                                                  |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| Project Watershed Code: 400-000000-00000-00000-0000-000-000-000-000-000-000                                                                                                                      |  |                                                                                                                                                                                                  |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| WATERSHED                                                                                                                                                                                        |  |                                                                                                                                                                                                  |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| Gazetted Name:                                                                                                                                                                                   |  |                                                                                                                                                                                                  |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      | Local Name: None                                                                                                              |                                      |           |                                        |       |     |
| Watershed Code: 400-324400-29000-00000-00000-0000-000-000-000-000-000                                                                                                                            |  |                                                                                                                                                                                                  |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| ILP Map#:                                                                                                                                                                                        |  | ILP #:                                                                                                                                                                                           |                          | NID Map #: 103P.019                 |                          |                                             | NID #: 60020             |                                                                                                                                                                                                         | Reach #: 7.0                                                                                                                         |                                                                                                                               | Site #: 620                          |           |                                        |       |     |
| Field UTM(Zone/East/North/Method)                                                                                                                                                                |  |                                                                                                                                                                                                  |                          | GIS UTM(Zone/East/North)            |                          |                                             |                          | Site Lg: 300                                                                                                                                                                                            |                                                                                                                                      | Method: HC                                                                                                                    |                                      | Access: H |                                        |       |     |
|                                                                                                                                                                                                  |  |                                                                                                                                                                                                  |                          | 9 538533 6107744                    |                          |                                             |                          | Ref. Name:                                                                                                                                                                                              |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| Date: 2000/08/03                                                                                                                                                                                 |  | Time: 08:27                                                                                                                                                                                      |                          | Agency: C172                        |                          |                                             | Crew: EM/JD              |                                                                                                                                                                                                         | Fish Crd?: <input checked="" type="checkbox"/>                                                                                       |                                                                                                                               | Incomplete: <input type="checkbox"/> |           |                                        |       |     |
| CHANNEL                                                                                                                                                                                          |  |                                                                                                                                                                                                  |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
|                                                                                                                                                                                                  |  |                                                                                                                                                                                                  |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      | Gadient % |                                        | Mtd   | Avg |
| Channel Width (m):                                                                                                                                                                               |  | T                                                                                                                                                                                                | 25.00                    | 28.10                               | 32.60                    | 21.20                                       | 23.40                    | 26.10                                                                                                                                                                                                   |                                                                                                                                      |                                                                                                                               |                                      |           |                                        | 26.07 |     |
| Wetted Width (m):                                                                                                                                                                                |  | T                                                                                                                                                                                                | 5.00                     | 4.60                                | 5.90                     | 6.20                                        | 6.40                     | 5.30                                                                                                                                                                                                    |                                                                                                                                      |                                                                                                                               |                                      |           |                                        | 5.57  |     |
| Pool Depth (m):                                                                                                                                                                                  |  | MS                                                                                                                                                                                               | 0.41                     | 0.36                                | 0.12                     | 0.41                                        | 0.34                     | 0.25                                                                                                                                                                                                    |                                                                                                                                      |                                                                                                                               |                                      |           |                                        | 0.32  |     |
| Wb Depth:                                                                                                                                                                                        |  | 1.2                                                                                                                                                                                              | 1.4                      | 1.3                                 | Avg: 1.30                |                                             | Method: MS               |                                                                                                                                                                                                         | Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/>                                   |                                                                                                                               | No Vis.Ch.: <input type="checkbox"/> |           | Intermittent: <input type="checkbox"/> |       |     |
|                                                                                                                                                                                                  |  |                                                                                                                                                                                                  |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               | Dw: <input type="checkbox"/>         |           | Trib.: <input type="checkbox"/>        |       |     |
| COVER                                                                                                                                                                                            |  |                                                                                                                                                                                                  |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| Type:                                                                                                                                                                                            |  | SWD                                                                                                                                                                                              | LWD                      | B                                   | U                        | DP                                          | OV                       | IV                                                                                                                                                                                                      | CROWN CLOSURE                                                                                                                        |                                                                                                                               |                                      |           |                                        |       |     |
| Amount:                                                                                                                                                                                          |  | N                                                                                                                                                                                                | N                        | D                                   | N                        | T                                           | N                        | N                                                                                                                                                                                                       | 0 0%                                                                                                                                 |                                                                                                                               |                                      |           |                                        |       |     |
| Loc: P/S/O:                                                                                                                                                                                      |  | <input type="checkbox"/>                                                                                                                                                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> |                                                                                                                               |                                      |           |                                        |       |     |
| LWD: N                                                                                                                                                                                           |  | DIST: NA                                                                                                                                                                                         |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| LB SHP: S                                                                                                                                                                                        |  | RB SHP: S                                                                                                                                                                                        |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |  | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| RIP: S                                                                                                                                                                                           |  | RIP: S                                                                                                                                                                                           |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| STG: SHR                                                                                                                                                                                         |  | STG: SHR                                                                                                                                                                                         |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| WATER                                                                                                                                                                                            |  |                                                                                                                                                                                                  |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| EMS:                                                                                                                                                                                             |  |                                                                                                                                                                                                  |                          |                                     | Req #:                   |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| Temp: 5                                                                                                                                                                                          |  |                                                                                                                                                                                                  |                          |                                     | Method: T3               |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      | Cond.: 50                                                                                                                     |                                      |           |                                        |       |     |
| pH: 7.2                                                                                                                                                                                          |  |                                                                                                                                                                                                  |                          |                                     | Method: P2               |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      | Method: S4                                                                                                                    |                                      |           |                                        |       |     |
| Flood Signs: EXTENSIVE BARS                                                                                                                                                                      |  |                                                                                                                                                                                                  |                          |                                     | Method: GE               |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input checked="" type="checkbox"/> L <input type="checkbox"/> C |                                      |           |                                        |       |     |
|                                                                                                                                                                                                  |  |                                                                                                                                                                                                  |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      | Method: GE                                                                                                                    |                                      |           |                                        |       |     |
| MORPHOLOGY                                                                                                                                                                                       |  |                                                                                                                                                                                                  |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| Bed Material:                                                                                                                                                                                    |  | Dominant: B                                                                                                                                                                                      |                          |                                     | Subdom: C                |                                             |                          | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                                    |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| D95: 45.0                                                                                                                                                                                        |  | D (cm): 40.00                                                                                                                                                                                    |                          |                                     | Morph: CP                |                                             |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| Pattern: SI                                                                                                                                                                                      |  |                                                                                                                                                                                                  |                          |                                     |                          |                                             |                          | DISTURBANCE INDICATORS                                                                                                                                                                                  |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| Islands: N                                                                                                                                                                                       |  |                                                                                                                                                                                                  |                          |                                     |                          |                                             |                          | C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                           |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| Coupling: PC                                                                                                                                                                                     |  |                                                                                                                                                                                                  |                          |                                     |                          |                                             |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| Confinement: FC                                                                                                                                                                                  |  |                                                                                                                                                                                                  |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| FSZ <input type="checkbox"/>                                                                                                                                                                     |  |                                                                                                                                                                                                  |                          |                                     |                          |                                             |                          | Bars: <input type="checkbox"/> N <input checked="" type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR          |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| HABITAT QUALITY                                                                                                                                                                                  |  |                                                                                                                                                                                                  |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| Name                                                                                                                                                                                             |  | Comments                                                                                                                                                                                         |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| OverWinter Habitat                                                                                                                                                                               |  | No overwintering habitat observed                                                                                                                                                                |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| Spawning Habitat                                                                                                                                                                                 |  | Poor spawning habitat-large substrates, high flows, high energy                                                                                                                                  |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| Rearing Habitat                                                                                                                                                                                  |  | Poor rearing habitat-high energy, fast water, little holding areas, subject to extreme flows(high and low)                                                                                       |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| PHOTOS                                                                                                                                                                                           |  |                                                                                                                                                                                                  |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| Photo                                                                                                                                                                                            |  | Foc Lg                                                                                                                                                                                           |                          | Dir                                 |                          | Comments                                    |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| R: 7 F: 3                                                                                                                                                                                        |  | STD                                                                                                                                                                                              |                          | D                                   |                          | Downstream photo of rapids typical of reach |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| R: 7 F: 4                                                                                                                                                                                        |  | STD                                                                                                                                                                                              |                          | U                                   |                          | Upstream photo of cascade pool habitat      |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| COMMENTS                                                                                                                                                                                         |  |                                                                                                                                                                                                  |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |
| Section                                                                                                                                                                                          |  | Comments                                                                                                                                                                                         |                          |                                     |                          |                                             |                          |                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                               |                                      |           |                                        |       |     |



## FDIS Site Card

|                                                                      |                                                                   | Reach # | ILP Map # | ILP # | Site |
|----------------------------------------------------------------------|-------------------------------------------------------------------|---------|-----------|-------|------|
| Watershed Code: 400-324400-29000-00000-0000-0000-000-000-000-000-000 |                                                                   | 7.0     |           |       | 620  |
| Section                                                              | Comments                                                          |         |           |       |      |
| SITE CARD                                                            | Fish form 30519                                                   |         |           |       |      |
| CHANNEL                                                              | Barriers downstream prevent upstream fish migration to this reach |         |           |       |      |
| CHANNEL                                                              | S5 Stream                                                         |         |           |       |      |

# FDIS Fish Form

Reach # ILP Map # ILP #

Watershed Code: 400-324400-29000-00000-0000-0000-000-000-000-000-000

7.0

| WATERBODY                                                       |          |       |                          |                |                  |            |                |                 |              |              |               |                                    |  |
|-----------------------------------------------------------------|----------|-------|--------------------------|----------------|------------------|------------|----------------|-----------------|--------------|--------------|---------------|------------------------------------|--|
| Gazetted Name:                                                  |          |       |                          |                |                  |            |                |                 |              | Local: None  |               |                                    |  |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-000-0 |          |       |                          |                |                  |            |                |                 |              |              |               |                                    |  |
| WS Code: 400-324400-29000-00000-0000-0000-000-000-000-000-000   |          |       |                          |                |                  |            |                |                 |              |              |               |                                    |  |
| Waterbody ID:                                                   |          |       |                          | ILP Map #:     |                  |            |                | ILP #:          |              | Reach #: 7 - |               |                                    |  |
| Project ID: 3476                                                |          |       |                          | Lake/Stream: S |                  |            |                | Lake From Date: |              |              |               |                                    |  |
| Fish Permit #:                                                  |          |       | 25350K                   |                | Date: 2000/08/03 |            | To: 2000/08/03 |                 | Agency: C172 |              | Crew: EM/JD   |                                    |  |
|                                                                 |          |       |                          |                |                  |            |                |                 |              |              |               | Resample: <input type="checkbox"/> |  |
| SITE / METHOD                                                   |          |       |                          |                |                  |            |                |                 |              |              |               |                                    |  |
| Site#                                                           | NID Map  | NID # | UTM:Zone/East/North/Mthd |                |                  | MTD/NO     | Temp           | Cond            | Turbid       | Comment      |               |                                    |  |
| 620                                                             | 103P.019 | 60020 |                          |                |                  | EF 1       | 5              | 50              | L            |              |               |                                    |  |
| A. GEAR SETTINGS                                                |          |       |                          |                |                  |            |                |                 |              |              |               |                                    |  |
| Site#                                                           | MTD/NO   | H/P   | Date In                  | Time In        | Date Out         | Time Out   | Comment        |                 |              |              |               |                                    |  |
| 620                                                             | EF       | 1     | 1                        | 2000/08/02     | 08:27            | 2000/08/02 | 08:59          |                 |              |              |               |                                    |  |
| C. ELECTROFISHER SPECIFICATIONS                                 |          |       |                          |                |                  |            |                |                 |              |              |               |                                    |  |
| Site#                                                           | MTD/NO   | H/P   | Encl                     | Sec            | Lnth             | Width      | Voltage        | Frequency       | Pulse        | Make         | Model         |                                    |  |
| 620                                                             | EF       | 1     | 1                        | O              | 361              | 300.0      | 5.0            | 600             | 60           | 6            | SMITH<br>ROOT | 12B                                |  |
| FISH SUMMARY                                                    |          |       |                          |                |                  |            |                |                 |              |              |               |                                    |  |
| Site#                                                           | MTD/NO   | H/P   | Species                  | Stage          | Age              | Total #    | Lgth (Min/Max) | FishAct         | Comment      |              |               |                                    |  |
| 620                                                             | EF       | 1     | 1                        | NFC            |                  | 0          |                |                 |              |              |               |                                    |  |



Site #620, Upstream photo of cascade pool habitat  
Roll #7, Frame #4, Date: 2000/08/03



Site #620, Downstream photo of rapids typical of reach  
Roll #7, Frame #3, Date: 2000/08/03



# Stream Reach/Site Summary Report

Reach # ILP Map # ILP #

Watershed Code: 400-324400-29000-59400-0000-0000-000-000-000-000-000

5.0

## STREAM REFERENCING

Gazetted Name:

Local Name: None

Watershed Code: 400-324400-29000-59400-0000-0000-000-000-000-000-000

ILP Map #:

ILP #:

## REACH

Reach #: 5.0

UTM(Zone/East/North): 9.535294.6110259

Sample Type: B

Length (km): 2.62

Gradient (%): 2.21

US Elev (m): 1243

Order: 4

Magnitude: 33

Confinement: OC

Coupling: PC

Open water: A

BGC Zone: MH

Islands: N

Bars: ☒ N ☐ SIDE ☐ DIAG ☐ MID ☐ SPAN ☐ BR

Riparian Veg.: S

Landuse: NO

## SITE

Site #: 621

GIS UTM(Zone/East/North)

Date: 2000/08/03

Agency: C172

Crew: EM/JD

Site Lg (m): 300

9 534587 6109070

Ref. Name:

## CHANNEL

No Vis.Ch.: ☐ Intermittent: ☐Dw: ☐ Tribs.: ☐

|                    | Avg  | Min   | Max | # |
|--------------------|------|-------|-----|---|
| Channel Width (m): | 4.47 | 3.400 | 5.6 | 6 |
| Wetted Width (m):  | 3.40 | 2.400 | 4.1 | 6 |
| Wb Depth (m):      | 0.63 | 0.6   | 0.7 | 3 |

|                 | Avg % | Min % | Max % | # |
|-----------------|-------|-------|-------|---|
| Gradient %:     | 2.25  | 2     | 3     | 4 |
| Pool Depth (m): | 0.68  | 0.560 | 0.810 | 6 |

Stage: L ☐ M ☒ H ☐

Temp (C): 7

pH: 7.1

Cond.: 60

Turb.: ☐ T ☐ M ☐ L ☒ C

## MORPHOLOGY

Bed Material: Dominant: G  
D95: 10.00  
Pattern: IM  
Coupling: DC  
Morph: RP

Subdom: C  
D (cm): 10.00  
Islands: N  
Confinement: UN

Bars: ☐ N ☒ SIDE ☐ DIAG ☐ MID ☐ SPAN ☐ BRDISTURBANCE  
INDICATORS

| O1                       | B1                       | B2                       | B3                       | D1                       | D2                       | D3                       |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |  |
| C1                       | C2                       | C3                       | C4                       | C5                       | S1                       | S2                       | S3                       | S4                       | S5                       |  |
| <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"/> |  |

## COVER

Total: A

| Type:       | SWD                      | LWD                      | B                        | U                                   | DP                                  | OV                                  | IV                       |
|-------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Amount:     | N                        | N                        | N                        | D                                   | S                                   | S                                   | N                        |
| Loc: P/S/O: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

FSZ: ☐

LWD: N

DIST: NA

INSTREAM VEG: N ☒ A ☐ M ☐ V ☐CROWN CLOSURE  
0 0%

RB SHP: O

Texture: ☒ F ☐ G ☐ C ☐ B ☐ R ☐ A

RIP: S

STG: SHR

LB SHP: O

Texture: ☒ F ☐ G ☐ C ☐ B ☐ R ☐ A

RIP: S

STG: SHR

## FISH

| Site Number | Capture Method | Number of Events | Total Length (m) | Total Time | Voltage | Species | Total Fish | Minimum Length (mm) | Maximum Length (mm) |
|-------------|----------------|------------------|------------------|------------|---------|---------|------------|---------------------|---------------------|
| 621         | EF             | 1                | 300              | 759 sec    | 600     | NFC     | 0          |                     |                     |

# FDIS Site Card

Watershed Code: 400-324400-29000-59400-0000-0000-000-000-000-000-000

Reach # ILP Map # ILP # Site  
5.0 621

| PROJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                          |                          |                                     |                                                                                                          |                                     |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|-------|---------|-------|-------|-------|-------|-------|-------|-------|-------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-----------------------|--|--|--|--|------|-------------------|---|------|------|------|------|------|------|--|--|--|--|------|-----------------|----|------|------|------|------|------|------|--|--|--|--|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-----------|-----|-----|-----------|-----|-----|----|------------|-----|-----|----|
| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                          |                          |                                     |                                                                                                          |                                     |                          |                                                                                                                                                                                       |       | Project Code: 3476                                                                                                                                                                             |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                          |                                     |                                                                                                          |                                     |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Project Watershed Code: 400-000000-00000-00000-0000-000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                          |                          |                                     |                                                                                                          |                                     |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| WATERSHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                                     |                                                                                                          |                                     |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Gazetted Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                          |                          |                                     |                                                                                                          |                                     |                          |                                                                                                                                                                                       |       | Local Name: None                                                                                                                                                                               |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Watershed Code: 400-324400-29000-59400-0000-0000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                          |                          |                                     |                                                                                                          |                                     |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| ILP Map#:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | ILP #:                   |                          | NID Map #: 103P.018                 |                                                                                                          |                                     | NID #: 60021             |                                                                                                                                                                                       |       | Reach #: 5.0                                                                                                                                                                                   |            | Site #: 621                                                                                                                                  |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Field UTM(Zone/East/North/Method)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |                          | GIS UTM(Zone/East/North)            |                                                                                                          |                                     |                          | Site Lg: 300                                                                                                                                                                          |       |                                                                                                                                                                                                | Method: HC |                                                                                                                                              | Access: H |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                          |                          | 9 534587 6109070                    |                                                                                                          |                                     |                          | Ref. Name:                                                                                                                                                                            |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Date: 2000/08/03                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | Time: 09:09              |                          | Agency: C172                        |                                                                                                          |                                     | Crew: EM/JD              |                                                                                                                                                                                       |       | Fish Crd?: <input checked="" type="checkbox"/>                                                                                                                                                 |            | Incomplete: <input type="checkbox"/>                                                                                                         |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| CHANNEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                          |                          |                                     |                                                                                                          |                                     |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Mtd</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Channel Width (m):</td> <td>T</td> <td>3.60</td> <td>4.10</td> <td>5.30</td> <td>3.40</td> <td>5.60</td> <td>4.80</td> <td></td> <td></td> <td></td> <td></td> <td>4.47</td> </tr> <tr> <td>Wetted Width (m):</td> <td>T</td> <td>2.40</td> <td>3.20</td> <td>3.90</td> <td>3.00</td> <td>3.80</td> <td>4.10</td> <td></td> <td></td> <td></td> <td></td> <td>3.40</td> </tr> <tr> <td>Pool Depth (m):</td> <td>MS</td> <td>0.71</td> <td>0.63</td> <td>0.81</td> <td>0.56</td> <td>0.74</td> <td>0.62</td> <td></td> <td></td> <td></td> <td></td> <td>0.68</td> </tr> </tbody> </table> |                          |                          |                          |                                     |                                                                                                          |                                     |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              | Mtd       | width | width | width   | width | width | width | width | width | width | width | Avg         | Channel Width (m):       | T                        | 3.60                     | 4.10                                | 5.30                                | 3.40                                | 5.60                     | 4.80                  |  |  |  |  | 4.47 | Wetted Width (m): | T | 2.40 | 3.20 | 3.90 | 3.00 | 3.80 | 4.10 |  |  |  |  | 3.40 | Pool Depth (m): | MS | 0.71 | 0.63 | 0.81 | 0.56 | 0.74 | 0.62 |  |  |  |  | 0.68 | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Gadient %</th> <th>Mtd</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Method I:</td> <td>2.0</td> <td>3.0</td> <td>AL</td> </tr> <tr> <td>Method II:</td> <td>2.0</td> <td>2.0</td> <td>AL</td> </tr> </tbody> </table> |  |  |  | Gadient % | Mtd | Avg | Method I: | 2.0 | 3.0 | AL | Method II: | 2.0 | 2.0 | AL |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mtd                      | width                    | width                    | width                               | width                                                                                                    | width                               | width                    | width                                                                                                                                                                                 | width | width                                                                                                                                                                                          | width      | Avg                                                                                                                                          |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Channel Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | T                        | 3.60                     | 4.10                     | 5.30                                | 3.40                                                                                                     | 5.60                                | 4.80                     |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            | 4.47                                                                                                                                         |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Wetted Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | T                        | 2.40                     | 3.20                     | 3.90                                | 3.00                                                                                                     | 3.80                                | 4.10                     |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            | 3.40                                                                                                                                         |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Pool Depth (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MS                       | 0.71                     | 0.63                     | 0.81                                | 0.56                                                                                                     | 0.74                                | 0.62                     |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            | 0.68                                                                                                                                         |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Gadient %                | Mtd                      | Avg                      |                                     |                                                                                                          |                                     |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Method I:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2.0                      | 3.0                      | AL                       |                                     |                                                                                                          |                                     |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Method II:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2.0                      | 2.0                      | AL                       |                                     |                                                                                                          |                                     |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Wb Depth: .6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          | .7                       |                          | .6                                  |                                                                                                          | Avg: 0.63                           |                          | Method: MS                                                                                                                                                                            |       | Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/>                                                                                             |            | No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/><br>Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/> |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| COVER Total: A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                          |                          |                                     |                                                                                                          |                                     |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> </thead> <tbody> <tr> <td>Amount:</td> <td>N</td> <td>N</td> <td>N</td> <td>D</td> <td>S</td> <td>S</td> <td>N</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                 |                          |                          |                          |                                     |                                                                                                          |                                     |                          | Type:                                                                                                                                                                                 | SWD   | LWD                                                                                                                                                                                            | B          | U                                                                                                                                            | DP        | OV    | IV    | Amount: | N     | N     | N     | D     | S     | S     | N     | Loc: P/S/O: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CROWN CLOSURE<br>0 0% |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SWD                      | LWD                      | B                        | U                                   | DP                                                                                                       | OV                                  | IV                       |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | N                        | N                        | N                        | D                                   | S                                                                                                        | S                                   | N                        |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Loc: P/S/O:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| LWD: N DIST: NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                          |                          |                                     |                                                                                                          |                                     |                          | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/>                                                  |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| LB SHP: O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                                     |                                                                                                          |                                     |                          | RB SHP: O                                                                                                                                                                             |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                          |                          |                                     |                                                                                                          |                                     |                          | Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| RIP: S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                          |                          |                                     |                                                                                                          |                                     |                          | RIP: S                                                                                                                                                                                |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| STG: SHR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                          |                          |                                     |                                                                                                          |                                     |                          | STG: SHR                                                                                                                                                                              |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                          |                          |                                     |                                                                                                          |                                     |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| EMS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                          |                          |                                     | Req #:                                                                                                   |                                     |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Temp: 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                          |                          |                                     | Method: T3                                                                                               |                                     |                          |                                                                                                                                                                                       |       | Cond.: 60                                                                                                                                                                                      |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| pH: 7.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                          |                          |                                     | Method: P2                                                                                               |                                     |                          |                                                                                                                                                                                       |       | Method: S4                                                                                                                                                                                     |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Flood Signs: NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |                          |                                     | Method: GE                                                                                               |                                     |                          |                                                                                                                                                                                       |       | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C Method: GE                                                       |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| MORPHOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                          |                          |                                     |                                                                                                          |                                     |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Bed Material: Dominant: G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                                     | Subdom: C                                                                                                |                                     |                          |                                                                                                                                                                                       |       | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                           |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| D95: 10.0 D (cm): 10.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                          |                          |                                     | Morph: RP                                                                                                |                                     |                          |                                                                                                                                                                                       |       | DISTURBANCE INDICATORS                                                                                                                                                                         |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Pattern: IM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                          |                          |                                     |                                                                                                          |                                     |                          |                                                                                                                                                                                       |       | C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                  |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                          |                          |                                     |                                                                                                          |                                     |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Coupling: DC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                          |                          |                                     |                                                                                                          |                                     |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Confinement: UN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                          |                          |                                     |                                                                                                          |                                     |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| FSZ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                          |                          |                                     |                                                                                                          |                                     |                          |                                                                                                                                                                                       |       | Bars: <input type="checkbox"/> N <input checked="" type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| HABITAT QUALITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                          |                          |                                     |                                                                                                          |                                     |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                          |                          |                                     | Comments                                                                                                 |                                     |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| OverWinter Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                          |                          |                                     | Overwintering habitat present                                                                            |                                     |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Spawning Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                          |                                     | High quality spawning habitat-abundant gravels and adequate flows                                        |                                     |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Rearing Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                          |                          |                                     | High quality rearing habitat-adequate flows, extensive riffle/pool complexes, abundant cover, deep pools |                                     |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| PHOTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                          |                          |                                     |                                                                                                          |                                     |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Photo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | Foc Lg                   |                          | Dir                                 |                                                                                                          | Comments                            |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| R:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7                        | F:                       | 5                        | STD                                 |                                                                                                          | U                                   |                          | Upstream photo of a corner pool and riffle habitat                                                                                                                                    |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| R:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7                        | F:                       | 6                        | STD                                 |                                                                                                          | D                                   |                          | Downstream photo of riparian vegetation and undercut banks                                                                                                                            |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                          |                          |                                     |                                                                                                          |                                     |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                          |                          |                                     | Comments                                                                                                 |                                     |                          |                                                                                                                                                                                       |       |                                                                                                                                                                                                |            |                                                                                                                                              |           |       |       |         |       |       |       |       |       |       |       |             |                          |                          |                          |                                     |                                     |                                     |                          |                       |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                         |  |  |  |           |     |     |           |     |     |    |            |     |     |    |

## FDIS Site Card

|                                                                      |                                                  | Reach # | ILP Map # | ILP # | Site |
|----------------------------------------------------------------------|--------------------------------------------------|---------|-----------|-------|------|
| Watershed Code: 400-324400-29000-59400-0000-0000-000-000-000-000-000 |                                                  | 5.0     |           |       | 621  |
| Section                                                              | Comments                                         |         |           |       |      |
| SITE CARD                                                            | Fish form 30518                                  |         |           |       |      |
| CHANNEL                                                              | No fish caught above barriers located downstream |         |           |       |      |
| CHANNEL                                                              | S5 Stream                                        |         |           |       |      |



## FDIS Fish Form

| Reach # | ILP Map # | ILP # |
|---------|-----------|-------|
|---------|-----------|-------|

**Watershed Code:** 400-324400-29000-59400-0000-0000-000-000-000-000-000

## 5.0

| WATERBODY                                                     |          |       |                          |                  |         |                |          |                |           |                 |               |                                    |  |
|---------------------------------------------------------------|----------|-------|--------------------------|------------------|---------|----------------|----------|----------------|-----------|-----------------|---------------|------------------------------------|--|
| Gazetted Name:                                                |          |       |                          |                  |         |                |          |                |           | Local: None     |               |                                    |  |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-0   |          |       |                          |                  |         |                |          |                |           |                 |               |                                    |  |
| WS Code: 400-324400-29000-59400-0000-0000-000-000-000-000-000 |          |       |                          |                  |         |                |          |                |           |                 |               |                                    |  |
| Waterbody ID:                                                 |          |       |                          | ILP Map #:       |         |                |          | ILP #:         |           | Reach #: 5 -    |               |                                    |  |
| Project ID: 3476                                              |          |       |                          |                  |         |                |          | Lake/Stream: S |           | Lake From Date: |               |                                    |  |
| Fish Permit #: 25350K                                         |          |       |                          | Date: 2000/08/03 |         | To: 2000/08/03 |          | Agency: C172   |           | Crew: EM/JD     |               | Resample: <input type="checkbox"/> |  |
| SITE / METHOD                                                 |          |       |                          |                  |         |                |          |                |           |                 |               |                                    |  |
| Site#                                                         | NID Map  | NID # | UTM:Zone/East/North/Mthd |                  |         |                | MTD/NO   |                | Temp      | Cond            | Turbid        | Comment                            |  |
| 621                                                           | 103P.018 | 60021 |                          |                  |         |                | EF       | 1              | 7         | 60              | C             |                                    |  |
| A. GEAR SETTINGS                                              |          |       |                          |                  |         |                |          |                |           |                 |               |                                    |  |
| Site#                                                         | MTD/NO   |       | H/P                      | Date In          | Time In | Date Out       | Time Out | Comment        |           |                 |               |                                    |  |
| 621                                                           | EF       | 1     | 1                        | 2000/08/03       | 09:09   | 2000/08/03     | 09:49    |                |           |                 |               |                                    |  |
| C. ELECTROFISHER SPECIFICATIONS                               |          |       |                          |                  |         |                |          |                |           |                 |               |                                    |  |
| Site#                                                         | MTD/NO   |       | H/P                      | Encl             | Sec     | Lnth           | Width    | Voltage        | Frequency | Pulse           | Make          | Model                              |  |
| 621                                                           | EF       | 1     | 1                        | O                | 759     | 300.0          | 3.5      | 600            | 60        | 6               | SMITH<br>ROOT | 12B                                |  |
| FISH SUMMARY                                                  |          |       |                          |                  |         |                |          |                |           |                 |               |                                    |  |
| Site#                                                         | MTD/NO   |       | H/P                      | Species          | Stage   | Age            | Total #  | Lgth (Min/Max) | FishAct   | Comment         |               |                                    |  |
| 621                                                           | EF       | 1     | 1                        | NFC              |         |                | 0        |                |           |                 |               |                                    |  |



Site #621, Downstream photo of riparian vegetation and undercut banks  
Roll #7, Frame #6, Date: 2000/08/03



Site #621, Upstream photo of a corner pool and riffle habitat  
Roll #7, Frame #5, Date: 2000/08/03



# Stream Reach/Site Summary Report

**Watershed Code:** 400-324400-29000-59400-7810-0000-000-000-000-000-000

| Reach # | ILP Map # | ILP # |
|---------|-----------|-------|
|---------|-----------|-------|

1.0

| <b>STREAM REFERENCING</b>                                                                                 |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|------|-------|-----|----|-------------------|------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------|---|---|-----------------|------|-------|-------|---|
| <b>Gazetted Name:</b>                                                                                     |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Local Name:</b> None                                                               |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| <b>Watershed Code:</b> 400-324400-29000-59400-7810-0000-000-000-000-000-000                               |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>ILP Map #:</b>                                                                     |                                                                                       | <b>ILP #:</b>                                                                         |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| <b>REACH</b>                                                                                              |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| <b>Reach #:</b>                                                                                           | 1.0                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>UTM(Zone/East/North):</b> 9.534456.6109141                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | <b>Sample Type:</b> R                                                                 |                                                                                       |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| <b>Length (km):</b> .65                                                                                   | <b>Gradient (%):</b> 3.38                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>US Elev (m):</b> 1210                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | <b>Order:</b> 3                                                                       |                                                                                       | <b>Magnitude:</b> 6                                                                                                                  |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| <b>Confinement:</b> UN                                                                                    | <b>Coupling:</b> PC                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Open water:</b> A                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | <b>BGC Zone:</b> MH                                                                   |                                                                                       |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| <b>Islands:</b> N                                                                                         | <b>Bars:</b> <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Riparian Veg.:</b> S                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Landuse:</b> NO                                                                    |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| <b>SITE</b>                                                                                               |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| <b>Site #:</b> 622                                                                                        | <b>GIS UTM(Zone/East/North)</b><br>9 : 534550 : 6108880                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Date:</b> 2000/08/03                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Agency:</b> C172                                                                   |                                                                                       | <b>Crew:</b> EM/JD                                                                    |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| <b>Site Lg (m):</b> 200                                                                                   |                                                                                                                                                                                                       | <b>Ref. Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| <b>CHANNEL</b>                                                                                            |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| <b>No Vis.Ch.:</b> <input type="checkbox"/>                                                               |                                                                                                                                                                                                       | <b>Intermittent:</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| <b>Dw:</b> <input type="checkbox"/>                                                                       |                                                                                                                                                                                                       | <b>Tribs.:</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
|                                                                                                           |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th>Avg</th> <th>Min</th> <th>Max</th> <th>#</th> </tr> <tr> <td>Channel Width (m):</td> <td>2.80</td> <td>2.400</td> <td>3.1</td> <td>6</td> </tr> <tr> <td>Wetted Width (m):</td> <td>2.28</td> <td>1.9</td> <td>2.6</td> <td>6</td> </tr> <tr> <td>Wb Depth (m):</td> <td>0.63</td> <td>0.6</td> <td>0.7</td> <td>3</td> </tr> </table>                                                                                                                                                                              |                                                                                       | Avg                                                                                   | Min                                                                                   | Max                                                                                                                                  | #                          | Channel Width (m): | 2.80 | 2.400 | 3.1 | 6  | Wetted Width (m): | 2.28 | 1.9                      | 2.6                      | 6                        | Wb Depth (m):            | 0.63                     | 0.6                      | 0.7                      | 3                        | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th>Avg %</th> <th>Min %</th> <th>Max %</th> <th>#</th> </tr> <tr> <td>Gradient %:</td> <td>1.50</td> <td>1</td> <td>2</td> <td>4</td> </tr> <tr> <td>Pool Depth (m):</td> <td>0.48</td> <td>0.360</td> <td>0.620</td> <td>6</td> </tr> </table> |                                                                            | Avg %                                                                      | Min %                                                                      | Max %                                                                                 | #                                                                                     | Gradient %:                                                                           | 1.50                                                                                  | 1                                    | 2 | 4 | Pool Depth (m): | 0.48 | 0.360 | 0.620 | 6 |
| Avg                                                                                                       | Min                                                                                                                                                                                                   | Max                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | #                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| Channel Width (m):                                                                                        | 2.80                                                                                                                                                                                                  | 2.400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3.1                                                                        | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| Wetted Width (m):                                                                                         | 2.28                                                                                                                                                                                                  | 1.9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2.6                                                                        | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| Wb Depth (m):                                                                                             | 0.63                                                                                                                                                                                                  | 0.6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0.7                                                                        | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| Avg %                                                                                                     | Min %                                                                                                                                                                                                 | Max %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | #                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| Gradient %:                                                                                               | 1.50                                                                                                                                                                                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2                                                                          | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| Pool Depth (m):                                                                                           | 0.48                                                                                                                                                                                                  | 0.360                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0.620                                                                      | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| <b>Stage:</b> L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |                                                                                                                                                                                                       | <b>Temp (C):</b> 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            | <b>pH:</b> 7.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       | <b>Cond.:</b> 50                                                                      |                                                                                       | <b>Turb.:</b> <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| <b>MORPHOLOGY</b>                                                                                         |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| <b>Bed Material:</b> Dominant: G<br>D95: 10.00<br>Pattern: IM<br>Coupling: DC<br>Morph: RP                |                                                                                                                                                                                                       | <b>Subdom:</b> C<br>D (cm): 8.00<br>Islands: N<br>Confinement: UN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            | <b>Bars:</b> <input type="checkbox"/> N <input checked="" type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR<br><br><table style="width: 100%;"> <tr> <td>O1</td><td>B1</td><td>B2</td><td>B3</td><td>D1</td><td>D2</td><td>D3</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            | O1                 | B1   | B2    | B3  | D1 | D2                | D3   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| O1                                                                                                        | B1                                                                                                                                                                                                    | B2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | B3                                                                         | D1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D2                                                                                    | D3                                                                                    |                                                                                       |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| <input type="checkbox"/>                                                                                  | <input type="checkbox"/>                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                              |                                                                                       |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
|                                                                                                           |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | <b>DISTURBANCE INDICATORS</b><br><table style="width: 100%;"> <tr> <td>C1</td><td>C2</td><td>C3</td><td>C4</td><td>C5</td><td>S1</td><td>S2</td><td>S3</td><td>S4</td><td>S5</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>                                         |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            | C1                 | C2   | C3    | C4  | C5 | S1                | S2   | S3                       | S4                       | S5                       | <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"/>                                                              |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| C1                                                                                                        | C2                                                                                                                                                                                                    | C3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | C4                                                                         | C5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | S1                                                                                    | S2                                                                                    | S3                                                                                    | S4                                                                                                                                   | S5                         |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| <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"/>   |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| <b>COVER</b>                                                                                              |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| <b>Total:</b> A                                                                                           |                                                                                                                                                                                                       | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> <tr> <td>Amount:</td> <td>N</td> <td>N</td> <td>N</td> <td>D</td> <td>S</td> <td>S</td> <td>T</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> </table> |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      | Type:                      | SWD                | LWD  | B     | U   | DP | OV                | IV   | Amount:                  | N                        | N                        | N                        | D                        | S                        | S                        | T                        | Loc: P/S/O:                                                                                                                                                                                                                                                                                                             | <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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <b>FSZ:</b> <input type="checkbox"/> |   |   |                 |      |       |       |   |
| Type:                                                                                                     | SWD                                                                                                                                                                                                   | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | B                                                                          | U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DP                                                                                    | OV                                                                                    | IV                                                                                    |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| Amount:                                                                                                   | N                                                                                                                                                                                                     | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | N                                                                          | D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | S                                                                                     | S                                                                                     | T                                                                                     |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| Loc: P/S/O:                                                                                               | <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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| <b>LWD:</b> N                                                                                             |                                                                                                                                                                                                       | <b>DIST:</b> NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | <b>INSTREAM VEG:</b> N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       |                                                                                       |                                                                                       | <b>CROWN CLOSURE</b><br>0      0%                                                                                                    |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| <b>RB SHP:</b> O                                                                                          |                                                                                                                                                                                                       | <b>Texture:</b> <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <b>RIP:</b> S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       | <b>STG:</b> SHR                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| <b>LB SHP:</b> O                                                                                          |                                                                                                                                                                                                       | <b>Texture:</b> <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <b>RIP:</b> S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       | <b>STG:</b> SHR                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| <b>FISH</b>                                                                                               |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| <b>Site Number</b>                                                                                        | <b>Capture Method</b>                                                                                                                                                                                 | <b>Number of Events</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Total Length (m)</b>                                                    | <b>Total Time</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Voltage</b>                                                                        | <b>Species</b>                                                                        | <b>Total Fish</b>                                                                     | <b>Minimum Length (mm)</b>                                                                                                           | <b>Maximum Length (mm)</b> |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |
| 622                                                                                                       | EF                                                                                                                                                                                                    | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 200                                                                        | 214 sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 500                                                                                   | NFC                                                                                   | 0                                                                                     |                                                                                                                                      |                            |                    |      |       |     |    |                   |      |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                      |   |   |                 |      |       |       |   |



# FDIS Site Card

Watershed Code: 400-324400-29000-59400-7810-0000-000-000-000-000-000

Reach # 1.0 ILP Map # ILP # 622 Site 622

## PROJECT

Project Name: Mill Area 1:20K Stream Inventory Project  
Stream Name (gaz.): SKEENA RIVER  
Project Watershed Code: 400-000000-00000-00000-0000-000-000-000-000-000-000  
Project Code: 3476

## WATERSHED

Gazetted Name: Local Name: None  
Watershed Code: 400-324400-29000-59400-7810-0000-000-000-000-000-000-000  
ILP Map#: ILP #: NID Map #: 103P.018 NID #: 60022 Reach #: 1.0 Site #: 622  
Field UTM(Zone/East/North/Method) GIS UTM(Zone/East/North) Site Lg: 200 Method: HC Access: H  
9 534550 6108880 Ref. Name:  
Date: 2000/08/03 Time: 09:55 Agency: C172 Crew: EM/JD Fish Crd?: ☒ Incomplete: ☐

## CHANNEL

|                    |     |       |       |           |       |       |            |       |       |                                                                                                    |       |      |                                                                             |           |                                                               |     |      |
|--------------------|-----|-------|-------|-----------|-------|-------|------------|-------|-------|----------------------------------------------------------------------------------------------------|-------|------|-----------------------------------------------------------------------------|-----------|---------------------------------------------------------------|-----|------|
|                    | Mtd | width | width | width     | width | width | width      | width | width | width                                                                                              | width | Avg  |                                                                             | Gadient % | Mtd                                                           | Avg |      |
| Channel Width (m): | T   | 2.60  | 3.10  | 2.80      | 2.40  | 2.90  | 3.00       |       |       |                                                                                                    |       | 2.80 | Method I:                                                                   | 2.0       | 1.0                                                           | AL  | 1.50 |
| Wetted Width (m):  | T   | 1.90  | 2.60  | 2.20      | 2.00  | 2.40  | 2.60       |       |       |                                                                                                    |       | 2.28 | Method II:                                                                  | 1.0       | 2.0                                                           | AL  |      |
| Pool Depth (m):    | MS  | 0.51  | 0.46  | 0.37      | 0.59  | 0.62  | 0.36       |       |       |                                                                                                    |       | 0.48 |                                                                             |           |                                                               |     |      |
| Wb Depth:          | .6  | .6    | .7    | Avg: 0.63 |       |       | Method: MS |       |       | Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |       |      | No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/> |           | Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/> |     |      |

### COVER

Total: A

| Type:       | SWD                      | LWD                      | B                        | U                                   | DP                                  | OV                                  | IV                                  |
|-------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Amount:     | N                        | N                        | N                        | D                                   | S                                   | S                                   | T                                   |
| Loc: P/S/O: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

LWD: N

DIST: NA

LB SHP: O

Texture: ☒ F ☐ G ☐ C ☐ B ☐ R ☐ A

RIP: S

STG: SHR

### CROWN CLOSURE

0 0%

INSTREAM VEG: N ☐ A ☐ M ☒ V ☐

RB SHP: O

Texture: ☒ F ☐ G ☐ C ☐ B ☐ R ☐ A

RIP: S

STG: SHR

## WATER

EMS: Temp: 7 Method: T3 Req #: Cond.: 50 Method: S4  
pH: 7.1 Method: P2 Turb.: ☐ T ☐ M ☐ L ☒ C Method: GE  
Flood Signs: NONE Method: GE

## MORPHOLOGY

Bed Material: Dominant: G Subdom: C O1 B1 B2 B3 D1 D2 D3  
D95: 10.0 D (cm): 8.00 Morph: RP DISTURBANCE INDICATORS  
Pattern: IM C1 C2 C3 C4 C5 S1 S2 S3 S4 S5  
Islands: N  
Coupling: DC  
Confinement: UN  
FSZ ☐  
Bars: ☐ N ☒ SIDE ☐ DIAG ☐ MID ☐ SPAN ☐ BR

## HABITAT QUALITY

| Name               | Comments                                                                                |
|--------------------|-----------------------------------------------------------------------------------------|
| OverWinter Habitat | Overwintering habitat present                                                           |
| Rearing Habitat    | Moderate rearing habitat-deep pools plenty of cover, adequate flows                     |
| Spawning Habitat   | Moderate spawning habitat-mosses in some sections of gravel indicate seasonal low flows |

## PHOTOS

| Photo     | Foc Lg | Dir | Comments                                 |
|-----------|--------|-----|------------------------------------------|
| R: 7 F: 7 | STD    | D   | Downstream photo of pool habitat         |
| R: 7 F: 8 | STD    | U   | Upstream photo of a short riffle section |

## COMMENTS

| Section | Comments |
|---------|----------|
|---------|----------|

## FDIS Site Card

| Watershed Code: | 400-324400-29000-59400-7810-0000-000-000-000-000-000 | Reach # | ILP Map # | ILP # | Site |
|-----------------|------------------------------------------------------|---------|-----------|-------|------|
| Section         |                                                      | 1.0     |           |       | 622  |
|                 | Comments                                             |         |           |       |      |

|           |                                                               |
|-----------|---------------------------------------------------------------|
| SITE CARD | Fish form 30517                                               |
| CHANNEL   | No fish present above barriers located in downstream reaches. |
| CHANNEL   | S6 Stream                                                     |

# FDIS Fish Form

Reach #      ILP Map #      ILP #

Watershed Code:      400-324400-29000-59400-7810-0000-000-000-000-000-000

1.0

| WATERBODY                                                     |          |        |                          |                |          |            |                |                 |         |              |               |                                    |  |  |
|---------------------------------------------------------------|----------|--------|--------------------------|----------------|----------|------------|----------------|-----------------|---------|--------------|---------------|------------------------------------|--|--|
| Gazetted Name:                                                |          |        |                          |                |          |            |                |                 |         | Local: None  |               |                                    |  |  |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-0   |          |        |                          |                |          |            |                |                 |         |              |               |                                    |  |  |
| WS Code: 400-324400-29000-59400-7810-0000-000-000-000-000-000 |          |        |                          |                |          |            |                |                 |         |              |               |                                    |  |  |
| Waterbody ID:                                                 |          |        |                          | ILP Map #:     |          |            |                | ILP #:          |         | Reach #: 1 - |               |                                    |  |  |
| Project ID: 3476                                              |          |        |                          | Lake/Stream: S |          |            |                | Lake From Date: |         |              |               |                                    |  |  |
| Fish Permit #:                                                |          | 25350K |                          | Date:          |          | 2000/08/03 |                | To:             |         | 2000/08/03   |               | Agency: C172                       |  |  |
|                                                               |          |        |                          |                |          |            |                |                 |         | Crew: EM/JD  |               | Resample: <input type="checkbox"/> |  |  |
| SITE / METHOD                                                 |          |        |                          |                |          |            |                |                 |         |              |               |                                    |  |  |
| Site#                                                         | NID Map  | NID #  | UTM:Zone/East/North/Mthd |                |          | MTD/NO     |                | Temp            | Cond    | Turbid       | Comment       |                                    |  |  |
| 622                                                           | 103P.018 | 60022  |                          |                |          | EF         | 1              | 7               | 50      | C            |               |                                    |  |  |
| A. GEAR SETTINGS                                              |          |        |                          |                |          |            |                |                 |         |              |               |                                    |  |  |
| Site#                                                         | MTD/NO   | H/P    | Date In                  | Time In        | Date Out | Time Out   | Comment        |                 |         |              |               |                                    |  |  |
| 622                                                           | EF       | 1      | 1                        | 2000/08/03     | 09:55    | 2000/08/03 | 10:38          |                 |         |              |               |                                    |  |  |
| C. ELECTROFISHER SPECIFICATIONS                               |          |        |                          |                |          |            |                |                 |         |              |               |                                    |  |  |
| Site#                                                         | MTD/NO   | H/P    | Encl                     | Sec            | Lnth     | Width      | Voltage        | Frequency       | Pulse   | Make         | Model         |                                    |  |  |
| 622                                                           | EF       | 1      | 1                        | O              | 214      | 200.0      | 2.0            | 500             | 60      | 6            | SMITH<br>ROOT | 12B                                |  |  |
| FISH SUMMARY                                                  |          |        |                          |                |          |            |                |                 |         |              |               |                                    |  |  |
| Site#                                                         | MTD/NO   | H/P    | Species                  | Stage          | Age      | Total #    | Lgth (Min/Max) | FishAct         | Comment |              |               |                                    |  |  |
| 622                                                           | EF       | 1      | 1                        | NFC            |          | 0          |                |                 |         |              |               |                                    |  |  |





Site #622, Upstream photo of a short riffle section  
Roll #7, Frame #8, Date: 2000/08/03



Site #622, Downstream photo of pool habitat  
Roll #7, Frame #7, Date: 2000/08/03



## Stream Reach/Site Summary Report

| Reach # | ILP Map # | ILP # |
|---------|-----------|-------|
|---------|-----------|-------|

**Watershed Code:** 400-350300-00000-00000-0000-0000-000-000-000-000-000-000

6.0

| <b>SITE</b>                                                                                        |                |                                                                                                                                                                                                  |                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                               |                              |                          |
|----------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------|--------------------------|
| Site #: 623<br>Site Lg (m): 400                                                                    |                | <b>GIS UTM(Zone/East/North)</b><br>9    543523    6112464                                                                                                                                        |                                                                                       | Date: 2000/08/03                                                                                                                                                                               |                                                                                       | Agency: C172<br>Ref. Name:                                                 |                                                                                       |                                                                                       | Crew: EM/JD                                                                                                                   |                               |                              |                          |
| <b>CHANNEL</b>                                                                                     |                |                                                                                                                                                                                                  |                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                               |                              |                          |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                |                                                                                                                                                                                                  |                                                                                       | Avg                                                                                                                                                                                            |                                                                                       | Min                                                                        |                                                                                       | Max                                                                                   |                                                                                                                               | #                             |                              |                          |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                      |                | Channel Width (m):                                                                                                                                                                               |                                                                                       | 38.92                                                                                                                                                                                          |                                                                                       | 32                                                                         |                                                                                       | 46                                                                                    |                                                                                                                               | 6                             |                              |                          |
|                                                                                                    |                | Wetted Width (m):                                                                                                                                                                                |                                                                                       | 14.33                                                                                                                                                                                          |                                                                                       | 12                                                                         |                                                                                       | 17                                                                                    |                                                                                                                               | 6                             |                              |                          |
|                                                                                                    |                | Wb Depth (m):                                                                                                                                                                                    |                                                                                       | 2.43                                                                                                                                                                                           |                                                                                       | 2.3                                                                        |                                                                                       | 2.6                                                                                   |                                                                                                                               | 3                             |                              |                          |
|                                                                                                    |                |                                                                                                                                                                                                  |                                                                                       | Avg %                                                                                                                                                                                          |                                                                                       | Min %                                                                      |                                                                                       | Max %                                                                                 |                                                                                                                               | #                             |                              |                          |
|                                                                                                    |                |                                                                                                                                                                                                  |                                                                                       | Gadient %:                                                                                                                                                                                     |                                                                                       | 4.50                                                                       |                                                                                       | 4                                                                                     |                                                                                                                               | 5                             |                              | 4                        |
|                                                                                                    |                |                                                                                                                                                                                                  |                                                                                       | Pool Depth (m):                                                                                                                                                                                |                                                                                       | 0.68                                                                       |                                                                                       | 0.39                                                                                  |                                                                                                                               | 1.100                         |                              | 6                        |
| Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                |                                                                                                                                                                                                  | Temp (C): 9                                                                           |                                                                                                                                                                                                | pH: 7.2                                                                               |                                                                            | Cond.: 60                                                                             |                                                                                       | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                               |                              |                          |
| <b>MORPHOLOGY</b>                                                                                  |                |                                                                                                                                                                                                  |                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                               |                              |                          |
| Bed Material: Dominant: C                                                                          |                | Subdom: B                                                                                                                                                                                        |                                                                                       | Bars: <input type="checkbox"/> N <input checked="" type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                               |                              |                          |
| D95: 110.00                                                                                        |                | D (cm): 70.00                                                                                                                                                                                    |                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                               |                              |                          |
| Pattern: IR                                                                                        |                | Islands: N                                                                                                                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                               |                              |                          |
| Coupling: CO                                                                                       |                | Confinement: FC                                                                                                                                                                                  |                                                                                       | DISTURBANCE INDICATORS                                                                                                                                                                         |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                               |                              |                          |
| Morph: CP                                                                                          |                |                                                                                                                                                                                                  |                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                               |                              |                          |
|                                                                                                    |                |                                                                                                                                                                                                  |                                                                                       |                                                                                                                                                                                                |                                                                                       | O1                                                                         | B1                                                                                    | B2                                                                                    | B3                                                                                                                            | D1                            | D2                           | D3                       |
|                                                                                                    |                |                                                                                                                                                                                                  |                                                                                       |                                                                                                                                                                                                |                                                                                       | <input type="checkbox"/>                                                   | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                                                                      | <input type="checkbox"/>      | <input type="checkbox"/>     | <input type="checkbox"/> |
|                                                                                                    |                |                                                                                                                                                                                                  |                                                                                       |                                                                                                                                                                                                |                                                                                       | C1                                                                         | C2                                                                                    | C3                                                                                    | C4                                                                                                                            | C5                            | S1                           | S2                       |
|                                                                                                    |                |                                                                                                                                                                                                  |                                                                                       |                                                                                                                                                                                                |                                                                                       | <input type="checkbox"/>                                                   | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                                                                      | <input type="checkbox"/>      | <input type="checkbox"/>     | <input type="checkbox"/> |
|                                                                                                    |                |                                                                                                                                                                                                  |                                                                                       |                                                                                                                                                                                                |                                                                                       | S3                                                                         | S4                                                                                    | S5                                                                                    |                                                                                                                               |                               |                              |                          |
|                                                                                                    |                |                                                                                                                                                                                                  |                                                                                       |                                                                                                                                                                                                |                                                                                       | <input type="checkbox"/>                                                   | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                              |                                                                                                                               |                               |                              |                          |
| <b>COVER</b>                                                                                       |                |                                                                                                                                                                                                  |                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                               |                              |                          |
| Total: A                                                                                           |                | Type:                                                                                                                                                                                            | SWD                                                                                   | LWD                                                                                                                                                                                            | B                                                                                     | U                                                                          | DP                                                                                    | OV                                                                                    | IV                                                                                                                            | FSZ: <input type="checkbox"/> |                              |                          |
|                                                                                                    |                | Amount:                                                                                                                                                                                          | T                                                                                     | D                                                                                                                                                                                              | S                                                                                     | N                                                                          | S                                                                                     | T                                                                                     | N                                                                                                                             |                               |                              |                          |
|                                                                                                    |                | Loc: P/S/O:                                                                                                                                                                                      | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                          | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                    |                               |                              |                          |
| LWD: A                                                                                             |                | DIST: C                                                                                                                                                                                          |                                                                                       | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/>                                                           |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                               |                              |                          |
| RB SHP: S                                                                                          |                | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                                                                                       | RIP: D                                                                                                                                                                                         |                                                                                       | STG: MF                                                                    |                                                                                       |                                                                                       |                                                                                                                               |                               |                              |                          |
| LB SHP: V                                                                                          |                | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                                                                                       | RIP: C                                                                                                                                                                                         |                                                                                       | STG: MF                                                                    |                                                                                       |                                                                                       |                                                                                                                               |                               |                              |                          |
| <b>FEATURES</b>                                                                                    |                |                                                                                                                                                                                                  |                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                               |                              |                          |
| NID Map                                                                                            | NID            | Type                                                                                                                                                                                             | Hgt                                                                                   | Method                                                                                                                                                                                         | Lg                                                                                    | Method                                                                     | Photo                                                                                 |                                                                                       | AirPhoto                                                                                                                      |                               | UTM (Zone/East/North/Method) |                          |
| 103P.019                                                                                           | 88008          | LS                                                                                                                                                                                               | 10.0                                                                                  | GE                                                                                                                                                                                             | 60                                                                                    | GE                                                                         | R: 7                                                                                  | F: 11                                                                                 | L:                                                                                                                            | #:                            | 9                            | 543332 6112474 GIS       |
| Comments:                                                                                          |                | landslide into channel                                                                                                                                                                           |                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                               |                              |                          |
| <b>FISH</b>                                                                                        |                |                                                                                                                                                                                                  |                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                               |                              |                          |
| Site Number                                                                                        | Capture Method | Number of Events                                                                                                                                                                                 | Total Length (m)                                                                      | Total Time                                                                                                                                                                                     | Voltage                                                                               | Species                                                                    | Total Fish                                                                            | Minimum Length (mm)                                                                   | Maximum Length (mm)                                                                                                           |                               |                              |                          |
| 153                                                                                                | EF             | 1                                                                                                                                                                                                | 60                                                                                    | 313 sec                                                                                                                                                                                        | 400                                                                                   | DV                                                                         | 3                                                                                     | 45                                                                                    | 97                                                                                                                            |                               |                              |                          |
| 623                                                                                                | EF             | 1                                                                                                                                                                                                | 300                                                                                   | 605 sec                                                                                                                                                                                        | 600                                                                                   | DV                                                                         | 6                                                                                     | 149                                                                                   | 187                                                                                                                           |                               |                              |                          |

# FDIS Site Card

Reach # ILP Map # ILP # Site

Watershed Code: 400-350300-00000-00000-0000-000-000-000-000-000

6.0

623

## PROJECT

Project Name: Mill Area 1:20K Stream Inventory Project  
Stream Name (gaz.): SKEENA RIVER  
Project Watershed Code: 400-000000-00000-00000-0000-000-000-000-000-000

Project Code: 3476

## WATERSHED

Gazetted Name: SEDAN CREEK Local Name: Sedan Creek

Watershed Code: 400-350300-00000-00000-0000-000-000-000-000-000

ILP Map#: ILP #: NID Map #: 103P.019 NID #: 60023 Reach #: 6.0 Site #: 623

Field UTM(Zone/East/North/Method) GIS UTM(Zone/East/North) Site Lg: 400 Method: HC Access: H  
9 543523 6112464 Ref. Name:

Date: 2000/08/03 Time: 10:48 Agency: C172 Crew: EMJD Fish Crd?: ☒ Incomplete: ☐

## CHANNEL

|                    | Mtd | width | width | width | width | width | width | width | width | width | width | Avg   |            | Gadient % |     | Mtd | Avg  |
|--------------------|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------------|-----------|-----|-----|------|
| Channel Width (m): | GE  | 37.50 | 42.00 | 41.00 | 46.00 | 32.00 | 35.00 |       |       |       |       | 38.92 | Method I:  | 4.0       | 5.0 | AL  | 4.50 |
| Wetted Width (m):  | GE  | 12.00 | 16.00 | 16.00 | 17.00 | 14.00 | 12.00 |       |       |       |       | 14.33 | Method II: | 5.0       | 4.0 | AL  |      |
| Pool Depth (m):    | MS  | 1.10  | 0.61  | 0.71  | 0.83  | 0.46  | 0.39  |       |       |       |       | 0.68  |            |           |     |     |      |

Wb Depth: 2.6 2.3 2.4 Avg: 2.43 Method: GE Stage: L ☒ M ☐ H ☐

No Vls.Ch.: ☐ Intermittent: ☐  
Dw: ☐ Tribs.: ☐

COVER Total: A

| Type:       | SWD                                 | LWD                                 | B                                   | U                        | DP                                  | OV                                  | IV                       |
|-------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Amount:     | T                                   | D                                   | S                                   | N                        | S                                   | T                                   | N                        |
| Loc: P/S/O: | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

CROWN CLOSURE

1 1-20%

INSTREAM VEG: N ☒ A ☐ M ☐ V ☐

LWD: A DIST: C

LB SHP: V

Texture: ☐ F ☒ G ☒ C ☐ B ☐ R ☐ A

RIP: C

STG: MF

RB SHP: S

Texture: ☐ F ☒ G ☒ C ☐ B ☐ R ☐ A

RIP: D

STG: MF

## WATER

EMS:

Temp: 9

pH: 7.2

Flood Signs: RAFTED DEBRIS O

Method: T3

Method: P2

Method: GE

Req #:

Cond.: 60

Turb.: ☐ T ☐ M ☐ L ☒ C

Method: S4

Method: GE

## MORPHOLOGY

Bed Material: Dominant: C Subdom: B  
D95: 110.0 D (cm): 70.00 Morph: CP

Pattern: IR

Islands: N

Coupling: CO

Confinement: FC

FSZ ☐

DISTURBANCE INDICATORS

| O1                       | B1                       | B2                       | B3                       | D1                       | D2                       | D3                       | C1                       | C2                       | C3                       | C4                       | C5                       | S1                       | S2                       | S3                       | S4                       | S5                       |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> |

Bars: ☐ N ☒ SIDE ☐ DIAG ☐ MID ☐ SPAN ☐ BR

## FEATURES

| NID Map  | NID   | Type | Hgt  | Method | Lg | Method | Photo            | AirPhoto | UTM (Zone/East/North/Method) |
|----------|-------|------|------|--------|----|--------|------------------|----------|------------------------------|
| 103P.019 | 88008 | LS   | 10.0 | GE     | 60 | GE     | R: 7 F: 11 L: #: |          | 9 543332 6112474 GIS         |

Comments: landslide into channel

## HABITAT QUALITY

| Name               | Comments                                                             |
|--------------------|----------------------------------------------------------------------|
| OverWinter Habitat | Overwintering habitat present                                        |
| Spawning Habitat   | Poor spawning habitat- high energy, large substrates                 |
| Rearing Habitat    | Moderate rearing habitat-abundant cover, deep pools suited for BT/DV |

## PHOTOS

| Photo | Foc Lg | Dir | Comments |
|-------|--------|-----|----------|
|-------|--------|-----|----------|



# FDIS Site Card

Reach #    ILP Map #    ILP #    Site

Watershed Code: 400-350300-00000-00000-0000-000-000-000-000-000-000

6.0

623

| Photo     |   |       | Foc Lg          | Dir | Comments                                                              |
|-----------|---|-------|-----------------|-----|-----------------------------------------------------------------------|
| R:        | 7 | F: 10 | STD             | D   | Downstream photo of high energy habitat that is typical of this reach |
| R:        | 7 | F: 11 | STD             | X   | Landslide approx. 60 m high x 20 m wide x 10 m deep                   |
| R:        | 7 | F: 9  | STD             | U   | Upstream photo of rapids below landslide                              |
| COMMENTS  |   |       |                 |     |                                                                       |
| Section   |   |       | Comments        |     |                                                                       |
| SITE CARD |   |       | Fish form 30516 |     |                                                                       |
| CHANNEL   |   |       | DV captured     |     |                                                                       |
| CHANNEL   |   |       | S1 Stream       |     |                                                                       |

# FDIS Fish Form

Reach #      ILP Map #      ILP #

Watershed Code: 400-350300-00000-00000-0000-000-000-000-000-000

6.0

| WATERBODY                                                   |          |        |                          |                  |            |                |                |                 |         |                    |               |                                    |        |        |         |
|-------------------------------------------------------------|----------|--------|--------------------------|------------------|------------|----------------|----------------|-----------------|---------|--------------------|---------------|------------------------------------|--------|--------|---------|
| Gazetted Name: SEDAN CREEK                                  |          |        |                          |                  |            |                |                |                 |         | Local: Sedan Creek |               |                                    |        |        |         |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-0 |          |        |                          |                  |            |                |                |                 |         |                    |               |                                    |        |        |         |
| WS Code: 400-350300-00000-00000-0000-000-000-000-000-000    |          |        |                          |                  |            |                |                |                 |         |                    |               |                                    |        |        |         |
| Waterbody ID:                                               |          |        |                          | ILP Map #:       |            |                |                | ILP #:          |         | Reach #: 6 -       |               |                                    |        |        |         |
| Project ID: 3476                                            |          |        |                          | Lake/Stream: S   |            |                |                | Lake From Date: |         |                    |               |                                    |        |        |         |
| Fish Permit #:                                              |          | 25350K |                          | Date: 2000/08/03 |            | To: 2000/08/03 |                | Agency: C172    |         | Crew: EM/JD/KT/    |               | Resample: <input type="checkbox"/> |        |        |         |
| SITE / METHOD                                               |          |        |                          |                  |            |                |                |                 |         |                    |               |                                    |        |        |         |
| Site#                                                       | NID Map  | NID #  | UTM:Zone/East/North/Mthd |                  |            | MTD/NO         | Temp           | Cond            | Turbid  | Comment            |               |                                    |        |        |         |
| 153                                                         | 103P.019 | 60130  |                          |                  |            | EF 1           | 10             | 60              | L       |                    |               |                                    |        |        |         |
| 623                                                         | 103P.019 | 60023  |                          |                  |            | EF 1           | 9              | 60              | C       |                    |               |                                    |        |        |         |
| A. GEAR SETTINGS                                            |          |        |                          |                  |            |                |                |                 |         |                    |               |                                    |        |        |         |
| Site#                                                       | MTD/NO   | H/P    | Date In                  | Time In          | Date Out   | Time Out       | Comment        |                 |         |                    |               |                                    |        |        |         |
| 153                                                         | EF       | 1      | 2000/08/03               | 11:12            | 2000/08/03 | 11:33          |                |                 |         |                    |               |                                    |        |        |         |
| 623                                                         | EF       | 1      | 2000/08/03               | 10:48            | 2000/08/03 | 11:30          |                |                 |         |                    |               |                                    |        |        |         |
| C. ELECTROFISHER SPECIFICATIONS                             |          |        |                          |                  |            |                |                |                 |         |                    |               |                                    |        |        |         |
| Site#                                                       | MTD/NO   | H/P    | Encl                     | Sec              | Lnth       | Wdth           | Voltage        | Frequency       | Pulse   | Make               | Model         |                                    |        |        |         |
| 153                                                         | EF       | 1      | 1                        | O                | 313        | 60.0           | 3.0            | 400             | 60      | 6                  | SMITH<br>ROOT | 12B                                |        |        |         |
| 623                                                         | EF       | 1      | 1                        | O                | 605        | 300.0          | 13.0           | 600             | 60      | 6                  | SMITH<br>ROOT | 12B                                |        |        |         |
| FISH SUMMARY                                                |          |        |                          |                  |            |                |                |                 |         |                    |               |                                    |        |        |         |
| Site#                                                       | MTD/NO   | H/P    | Species                  | Stage            | Age        | Total #        | Lgth (Min/Max) | FishAct         | Comment |                    |               |                                    |        |        |         |
| 153                                                         | EF       | 1      | DV                       | J                |            | 3              | 45 97          | R               |         |                    |               |                                    |        |        |         |
| 623                                                         | EF       | 1      | DV                       | J                |            | 6              | 149 187        | R               |         |                    |               |                                    |        |        |         |
| INDIVIDUAL FISH DATA                                        |          |        |                          |                  |            |                |                |                 |         |                    |               |                                    |        |        |         |
| Site#                                                       | MTD/NO   | H/P    | Species                  | Length           | Weight     | Sex            | Mat            | Age             |         | Vch#               | Genetic       |                                    | Roll # | Frame# | Comment |
|                                                             |          |        |                          |                  |            |                |                | Str/Smpl#       | Age     |                    | Str/Smpl#     |                                    |        |        |         |
| 623                                                         | EF       | 1      | 1                        | DV               | 187        |                | U              | U               |         |                    |               |                                    | 7      | 12     |         |
| 623                                                         | EF       | 1      | 1                        | DV               | 172        |                | U              | U               |         |                    |               |                                    |        |        |         |
| 623                                                         | EF       | 1      | 1                        | DV               | 149        |                | U              | U               |         |                    |               |                                    |        |        |         |
| 623                                                         | EF       | 1      | 1                        | DV               | 156        |                | U              | U               |         |                    |               |                                    |        |        |         |
| 623                                                         | EF       | 1      | 1                        | DV               | 162        |                | U              | U               |         |                    |               |                                    |        |        |         |
| 623                                                         | EF       | 1      | 1                        | DV               | 171        |                | U              | U               |         |                    |               |                                    |        |        |         |
| 153                                                         | EF       | 1      | 1                        | DV               | 45         |                | U              | U               |         |                    |               |                                    |        |        |         |
| 153                                                         | EF       | 1      | 1                        | DV               | 96         |                | U              | U               |         |                    |               |                                    |        |        |         |
| 153                                                         | EF       | 1      | 1                        | DV               | 97         |                | U              | U               |         |                    |               |                                    |        |        |         |





Site #623, Downstream photo of high energy habitat that is typical of this reach  
Roll #7, Frame #10, Date: 2000/08/03



Site #623, Landslide approx. 60 m high x 20 m wide x 10 m deep  
Roll #7, Frame #11, Date: 2000/08/03





Site #623, Upstream photo of rapids below landslide  
 Roll #7, Frame #9, Date: 2000/08/03



Site #623, Photo of a 187mm dolly varden  
 Roll #7, Frame #12, Date: 2000/08/03



# Stream Reach/Site Summary Report

Reach #    ILP Map #    ILP #

Watershed Code: 400-350300-70500-00000-0000-0000-000-000-000-000

1.0

| STREAM REFERENCING                                                                                 |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |         |                                     |                  |                                                                                                                               |                     |                                     |                              |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
|----------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------|------------------------------|-------------------------------------|---------|--------------------------|--|-------------------------------|--|-------------------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|
| Gazetted Name:                                                                                     |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |         |                                     | Local Name: None |                                                                                                                               |                     |                                     |                              |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| Watershed Code: 400-350300-70500-00000-0000-0000-000-000-000-000                                   |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |         |                                     | ILP Map #:       |                                                                                                                               |                     | ILP #:                              |                              |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| REACH                                                                                              |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |         |                                     |                  |                                                                                                                               |                     |                                     |                              |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| Reach #:                                                                                           |                | 1.0                                                                                                                                                                                              |                  | UTM(Zone/East/North): 9.543085.6112090                                                                                                                                                         |         |                                     |                  | Sample Type: B                                                                                                                |                     |                                     |                              |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| Length (km): .30                                                                                   |                | Gradient (%): 10.33                                                                                                                                                                              |                  | US Elev (m): 672                                                                                                                                                                               |         |                                     |                  | Order: 3                                                                                                                      |                     | Magnitude: 19                       |                              |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| Confinement: CO                                                                                    |                | Coupling: CO                                                                                                                                                                                     |                  | Open water: A                                                                                                                                                                                  |         |                                     |                  | BGC Zone: CWH                                                                                                                 |                     |                                     |                              |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| Islands: N                                                                                         |                | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR   |                  | Riparian Veg.: C                                                                                                                                                                               |         |                                     |                  | Landuse: NO                                                                                                                   |                     |                                     |                              |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| SITE                                                                                               |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |         |                                     |                  |                                                                                                                               |                     |                                     |                              |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| Site #: 624                                                                                        |                | GIS UTM(Zone/East/North)                                                                                                                                                                         |                  | Date: 2000/08/03                                                                                                                                                                               |         |                                     |                  | Agency: C172                                                                                                                  |                     | Crew: EM/JD                         |                              |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| Site Lg (m): 300                                                                                   |                | 9    543084    6112257                                                                                                                                                                           |                  | Ref. Name:                                                                                                                                                                                     |         |                                     |                  |                                                                                                                               |                     |                                     |                              |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| CHANNEL                                                                                            |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |         |                                     |                  |                                                                                                                               |                     |                                     |                              |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                | Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                                                                                                                    |                  |                                                                                                                                                                                                |         |                                     |                  | Avg                                                                                                                           |                     | Min                                 |                              | Max                                 |         | #                        |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
|                                                                                                    |                |                                                                                                                                                                                                  |                  | Channel Width (m):                                                                                                                                                                             |         | 14.43                               |                  | 12.4                                                                                                                          |                     | 17.60                               |                              | 6                                   |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
|                                                                                                    |                |                                                                                                                                                                                                  |                  | Wetted Width (m):                                                                                                                                                                              |         | 7.23                                |                  | 5.400                                                                                                                         |                     | 8.600                               |                              | 6                                   |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
|                                                                                                    |                |                                                                                                                                                                                                  |                  | Wb Depth (m):                                                                                                                                                                                  |         | 1.37                                |                  | 1.3                                                                                                                           |                     | 1.4                                 |                              | 3                                   |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
|                                                                                                    |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |         |                                     |                  | Avg %                                                                                                                         |                     | Min %                               |                              | Max %                               |         | #                        |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
|                                                                                                    |                |                                                                                                                                                                                                  |                  | Gradient %:                                                                                                                                                                                    |         | 8.75                                |                  | 5                                                                                                                             |                     | 12                                  |                              | 4                                   |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
|                                                                                                    |                |                                                                                                                                                                                                  |                  | Pool Depth (m):                                                                                                                                                                                |         | 0.58                                |                  | 0.430                                                                                                                         |                     | 0.720                               |                              | 6                                   |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                | Temp (C): 7                                                                                                                                                                                      |                  | pH: 7.1                                                                                                                                                                                        |         | Cond.: 60                           |                  | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                     |                                     |                              |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| MORPHOLOGY                                                                                         |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |         |                                     |                  |                                                                                                                               |                     |                                     |                              |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| Bed Material: Dominant: C                                                                          |                | Subdom: B                                                                                                                                                                                        |                  | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |         |                                     |                  |                                                                                                                               |                     |                                     |                              |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| D95: 65.00                                                                                         |                | D (cm): 40.00                                                                                                                                                                                    |                  |                                                                                                                                                                                                |         | O1                                  |                  | B1                                                                                                                            |                     | B2                                  |                              | B3                                  |         | D1                       |  | D2                            |  | D3                                  |  |                          |  |                          |  |                          |  |
| Pattern: SI                                                                                        |                | Islands: N                                                                                                                                                                                       |                  |                                                                                                                                                                                                |         | <input type="checkbox"/>            |                  | <input type="checkbox"/>                                                                                                      |                     | <input type="checkbox"/>            |                              | <input type="checkbox"/>            |         | <input type="checkbox"/> |  | <input type="checkbox"/>      |  | <input checked="" type="checkbox"/> |  |                          |  |                          |  |                          |  |
| Coupling: CO                                                                                       |                | Confinement: CO                                                                                                                                                                                  |                  | DISTURBANCE INDICATORS                                                                                                                                                                         |         | C1                                  |                  | C2                                                                                                                            |                     | C3                                  |                              | C4                                  |         | C5                       |  | S1                            |  | S2                                  |  | S3                       |  | S4                       |  | S5                       |  |
| Morph: CP                                                                                          |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |         | <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"/> |  |
| COVER                                                                                              |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |         |                                     |                  |                                                                                                                               |                     |                                     |                              |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| Total: A                                                                                           |                | Type: SWD                                                                                                                                                                                        |                  | LWD                                                                                                                                                                                            |         | B                                   |                  | U                                                                                                                             |                     | DP                                  |                              | OV                                  |         | IV                       |  | FSZ: <input type="checkbox"/> |  |                                     |  |                          |  |                          |  |                          |  |
|                                                                                                    |                | Amount: T                                                                                                                                                                                        |                  | D                                                                                                                                                                                              |         | S                                   |                  | T                                                                                                                             |                     | S                                   |                              | T                                   |         | N                        |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
|                                                                                                    |                | Loc: P/S/O: <input checked="" type="checkbox"/>                                                                                                                                                  |                  | <input checked="" type="checkbox"/>                                                                                                                                                            |         | <input checked="" type="checkbox"/> |                  | <input checked="" type="checkbox"/>                                                                                           |                     | <input checked="" type="checkbox"/> |                              | <input checked="" type="checkbox"/> |         | <input type="checkbox"/> |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| LWD: A                                                                                             |                | DIST: C                                                                                                                                                                                          |                  | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/>                                                           |         |                                     |                  |                                                                                                                               |                     |                                     |                              |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| RB SHP: O                                                                                          |                | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                  | RIP: C                                                                                                                                                                                         |         | STG: MF                             |                  |                                                                                                                               |                     |                                     |                              |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| LB SHP: S                                                                                          |                | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                  | RIP: C                                                                                                                                                                                         |         | STG: MF                             |                  |                                                                                                                               |                     |                                     |                              |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| FEATURES                                                                                           |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |         |                                     |                  |                                                                                                                               |                     |                                     |                              |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| NID Map                                                                                            | NID            | Type                                                                                                                                                                                             | Hgt              | Method                                                                                                                                                                                         | Lg      | Method                              | Photo            |                                                                                                                               | AirPhoto            |                                     | UTM (Zone/East/North/Method) |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| 103P.019                                                                                           | 88009          | F                                                                                                                                                                                                | 17.5             | GE                                                                                                                                                                                             | 2       | GE                                  | R: 7             | F: 13                                                                                                                         | L:                  | #:                                  | 9                            | 543089                              | 6112141 | GIS                      |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| Comments:                                                                                          |                | Barrier to upstream fish migration. Located 600 m upstream of the confluence                                                                                                                     |                  |                                                                                                                                                                                                |         |                                     |                  |                                                                                                                               |                     |                                     |                              |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| FISH                                                                                               |                |                                                                                                                                                                                                  |                  |                                                                                                                                                                                                |         |                                     |                  |                                                                                                                               |                     |                                     |                              |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| Site Number                                                                                        | Capture Method | Number of Events                                                                                                                                                                                 | Total Length (m) | Total Time                                                                                                                                                                                     | Voltage | Species                             | Total Fish       | Minimum Length (mm)                                                                                                           | Maximum Length (mm) |                                     |                              |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| 624                                                                                                | EF             | 1                                                                                                                                                                                                | 200              | 336 sec                                                                                                                                                                                        | 600     | NFC                                 | 0                |                                                                                                                               |                     |                                     |                              |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |
| 624                                                                                                | EF             | 1                                                                                                                                                                                                | 100              | 219 sec                                                                                                                                                                                        | 500     | DV                                  | 10               | 122                                                                                                                           | 165                 |                                     |                              |                                     |         |                          |  |                               |  |                                     |  |                          |  |                          |  |                          |  |



# FDIS Site Card

Watershed Code: 400-350300-70500-00000-00000-000-000-000-000-000-000 Reach # 1.0 ILP Map # ILP # Site 624

| PROJECT                                                                                                                                                                                          |                                     |                                                                                                                                                                                                  |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------|--|
| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                           |                                     |                                                                                                                                                                                                  |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    | Project Code: 3476                                                                                                                       |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                                 |                                     |                                                                                                                                                                                                  |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| Project Watershed Code: 400-000000-00000-00000-00000-000-000-000-000-000-000-000                                                                                                                 |                                     |                                                                                                                                                                                                  |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| WATERSHED                                                                                                                                                                                        |                                     |                                                                                                                                                                                                  |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| Gazetted Name:                                                                                                                                                                                   |                                     |                                                                                                                                                                                                  |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    | Local Name: None                                                                                                                         |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| Watershed Code: 400-350300-70500-00000-00000-00000-000-000-000-000-000-000-000                                                                                                                   |                                     |                                                                                                                                                                                                  |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| ILP Map#:                                                                                                                                                                                        |                                     | ILP #:                                                                                                                                                                                           |                          | NID Map #: 103P.019      |                          | NID #: 60024             |                          | Reach #: 1.0                                                                                                                         |                                                                                                    | Site #: 624                                                                                                                              |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| Field UTM(Zone/East/North/Method)                                                                                                                                                                |                                     |                                                                                                                                                                                                  |                          |                          | GIS UTM(Zone/East/North) |                          |                          |                                                                                                                                      |                                                                                                    | Site Lg: 300                                                                                                                             |                              | Method: HC                                                                                                                                                                                                                                                |                                 | Access: H |  |
|                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                  |                          |                          | 9 543084 6112257         |                          |                          |                                                                                                                                      |                                                                                                    | Ref. Name:                                                                                                                               |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| Date: 2000/08/03                                                                                                                                                                                 |                                     | Time: 11:40                                                                                                                                                                                      |                          | Agency: C172             |                          | Crew: EM/JD              |                          | Fish Crd?: <input checked="" type="checkbox"/>                                                                                       |                                                                                                    | Incomplete: <input type="checkbox"/>                                                                                                     |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| CHANNEL                                                                                                                                                                                          |                                     |                                                                                                                                                                                                  |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
|                                                                                                                                                                                                  |                                     | Mtd                                                                                                                                                                                              | width                    | width                    | width                    | width                    | width                    | width                                                                                                                                | width                                                                                              | width                                                                                                                                    | width                        | width                                                                                                                                                                                                                                                     | Avg                             |           |  |
| Channel Width (m):                                                                                                                                                                               |                                     | T                                                                                                                                                                                                | 14.20                    | 12.60                    | 15.70                    | 17.60                    | 12.40                    | 14.10                                                                                                                                |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           | 14.43                           |           |  |
| Wetted Width (m):                                                                                                                                                                                |                                     | T                                                                                                                                                                                                | 8.20                     | 6.90                     | 7.10                     | 5.40                     | 8.60                     | 7.20                                                                                                                                 |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           | 7.23                            |           |  |
| Pool Depth (m):                                                                                                                                                                                  |                                     | MS                                                                                                                                                                                               | 0.61                     | 0.72                     | 0.43                     | 0.56                     | 0.65                     | 0.51                                                                                                                                 |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           | 0.58                            |           |  |
| Wb Depth:                                                                                                                                                                                        |                                     | 1.4                                                                                                                                                                                              | 1.3                      | 1.4                      | Avg: 1.37                |                          | Method: MS               |                                                                                                                                      | Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                                                                                                                          | Dw: <input type="checkbox"/> |                                                                                                                                                                                                                                                           | Trib.: <input type="checkbox"/> |           |  |
| COVER Total: A                                                                                                                                                                                   |                                     |                                                                                                                                                                                                  |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| Type:                                                                                                                                                                                            | SWD                                 | LWD                                                                                                                                                                                              | B                        | U                        | DP                       | OV                       | IV                       | CROWN CLOSURE                                                                                                                        |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| Amount:                                                                                                                                                                                          | T                                   | D                                                                                                                                                                                                | S                        | T                        | S                        | T                        | N                        | 1 1-20%                                                                                                                              |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| Loc: P/S/O:                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| LWD: A                                                                                                                                                                                           |                                     | DIST: C                                                                                                                                                                                          |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| LB SHP: S                                                                                                                                                                                        |                                     | RB SHP: O                                                                                                                                                                                        |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                                     | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| RIP: C                                                                                                                                                                                           |                                     | RIP: C                                                                                                                                                                                           |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| STG: MF                                                                                                                                                                                          |                                     | STG: MF                                                                                                                                                                                          |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| WATER                                                                                                                                                                                            |                                     |                                                                                                                                                                                                  |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| EMS:                                                                                                                                                                                             |                                     |                                                                                                                                                                                                  |                          |                          | Req #:                   |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| Temp: 7                                                                                                                                                                                          |                                     |                                                                                                                                                                                                  |                          |                          | Method: T3               |                          |                          |                                                                                                                                      |                                                                                                    | Cond.: 60                                                                                                                                |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| pH: 7.1                                                                                                                                                                                          |                                     |                                                                                                                                                                                                  |                          |                          | Method: P2               |                          |                          |                                                                                                                                      |                                                                                                    | Method: S4                                                                                                                               |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| Flood Signs: DEBRIS JAMS                                                                                                                                                                         |                                     |                                                                                                                                                                                                  |                          |                          | Method: GE               |                          |                          |                                                                                                                                      |                                                                                                    | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C Method: GE |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| MORPHOLOGY                                                                                                                                                                                       |                                     |                                                                                                                                                                                                  |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| Bed Material:                                                                                                                                                                                    |                                     | Dominant: C                                                                                                                                                                                      |                          | Subdom: B                |                          | D95: 65.0                |                          | D (cm): 40.00                                                                                                                        |                                                                                                    | Morph: CP                                                                                                                                |                              | DISTURBANCE INDICATORS                                                                                                                                                                                                                                    |                                 |           |  |
| Pattern: SI                                                                                                                                                                                      |                                     |                                                                                                                                                                                                  |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                                                                                      |                                 |           |  |
| Islands: N                                                                                                                                                                                       |                                     |                                                                                                                                                                                                  |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>                                                                 |                                 |           |  |
| Coupling: CO                                                                                                                                                                                     |                                     |                                                                                                                                                                                                  |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              | C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                                                                             |                                 |           |  |
| Confinement: CO                                                                                                                                                                                  |                                     |                                                                                                                                                                                                  |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              | <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"/> |                                 |           |  |
| FSZ <input type="checkbox"/>                                                                                                                                                                     |                                     |                                                                                                                                                                                                  |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                            |                                 |           |  |
| FEATURES                                                                                                                                                                                         |                                     |                                                                                                                                                                                                  |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| NID Map                                                                                                                                                                                          | NID                                 | Type                                                                                                                                                                                             | Hgt                      | Method                   | Lg                       | Method                   | Photo                    |                                                                                                                                      | AirPhoto                                                                                           |                                                                                                                                          | UTM (Zone/East/North/Method) |                                                                                                                                                                                                                                                           |                                 |           |  |
| 103P.019                                                                                                                                                                                         | 88009                               | F                                                                                                                                                                                                | 17.5                     | GE                       | 2                        | GE                       | R: 7                     | F: 13                                                                                                                                | L:                                                                                                 | #:                                                                                                                                       | 9                            | 543089                                                                                                                                                                                                                                                    | 6112141                         | GIS       |  |
| Comments: Barrier to upstream fish migration. Located 600 m upstream of the confluence                                                                                                           |                                     |                                                                                                                                                                                                  |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| HABITAT QUALITY                                                                                                                                                                                  |                                     |                                                                                                                                                                                                  |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| Name                                                                                                                                                                                             |                                     | Comments                                                                                                                                                                                         |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| OverWinter Habitat                                                                                                                                                                               |                                     | Overwintering habitat present.                                                                                                                                                                   |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| Spawning Habitat                                                                                                                                                                                 |                                     | Moderate spawning habitat limited by gradient. Suitable spawning substrates present                                                                                                              |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| Rearing Habitat                                                                                                                                                                                  |                                     | Moderate rearing habitat-abundant cover, deep pools, and high habitat complexity                                                                                                                 |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| PHOTOS                                                                                                                                                                                           |                                     |                                                                                                                                                                                                  |                          |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |
| Photo                                                                                                                                                                                            | Foc Lg                              | Dir                                                                                                                                                                                              | Comments                 |                          |                          |                          |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                          |                              |                                                                                                                                                                                                                                                           |                                 |           |  |

# FDIS Site Card

Reach #    ILP Map #    ILP #    Site

Watershed Code: 400-350300-70500-00000-0000-0000-000-000-000-000-000

1.0

624

| Photo     |   |    |    | Foc Lg                                                                                   | Dir | Comments                                                           |
|-----------|---|----|----|------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------|
| R:        | 7 | F: | 13 | STD                                                                                      | U   | Upstream photo of 17.5 m falls. Barrier to upstream fish migration |
| R:        | 7 | F: | 15 | STD                                                                                      | U   | Upstream photo of LWD spanning channel                             |
| R:        | 7 | F: | 16 | STD                                                                                      | D   | Downstream photo of rapids above the confluence                    |
| COMMENTS  |   |    |    |                                                                                          |     |                                                                    |
| Section   |   |    |    | Comments                                                                                 |     |                                                                    |
| SITE CARD |   |    |    | Fish form 30515                                                                          |     |                                                                    |
| CHANNEL   |   |    |    | DV captured. Falls located 600 m upstream of confluence prevent upstream fish migration. |     |                                                                    |
| CHANNEL   |   |    |    | S2/S5 Stream                                                                             |     |                                                                    |



# FDIS Fish Form

Reach #      ILP Map #      ILP #

Watershed Code:      400-350300-70500-00000-0000-0000-000-000-000-000-000

1.0

| WATERBODY                                                     |          |                  |                          |                |            |              |                |                |             |                                    |            |     |        |        |         |
|---------------------------------------------------------------|----------|------------------|--------------------------|----------------|------------|--------------|----------------|----------------|-------------|------------------------------------|------------|-----|--------|--------|---------|
| Gazetted Name:                                                |          |                  |                          |                |            |              |                |                |             | Local: None                        |            |     |        |        |         |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-0   |          |                  |                          |                |            |              |                |                |             |                                    |            |     |        |        |         |
| WS Code: 400-350300-70500-00000-0000-0000-000-000-000-000-000 |          |                  |                          |                |            |              |                |                |             |                                    |            |     |        |        |         |
| Waterbody ID:                                                 |          |                  |                          | ILP Map #:     |            |              |                | ILP #:         |             | Reach #: 1 -                       |            |     |        |        |         |
| Project ID: 3476                                              |          |                  |                          |                |            |              |                | Lake/Stream: S |             | Lake From Date:                    |            |     |        |        |         |
| Fish Permit #: 25350K                                         |          | Date: 2000/08/03 |                          | To: 2000/08/03 |            | Agency: C172 |                | Crew: EM/JD    |             | Resample: <input type="checkbox"/> |            |     |        |        |         |
| SITE / METHOD                                                 |          |                  |                          |                |            |              |                |                |             |                                    |            |     |        |        |         |
| Site#                                                         | NID Map  | NID #            | UTM:Zone/East/North/Mthd |                |            | MTD/NO       | Temp           | Cond           | Turbid      | Comment                            |            |     |        |        |         |
| 624                                                           | 103P.019 | 60024            |                          |                |            | EF 2         | 7              | 60             | C           | Above Falls                        |            |     |        |        |         |
| 624                                                           | 103P.019 | 60024            |                          |                |            | EF 1         | 7              | 60             | C           |                                    |            |     |        |        |         |
| A. GEAR SETTINGS                                              |          |                  |                          |                |            |              |                |                |             |                                    |            |     |        |        |         |
| Site#                                                         | MTD/NO   | H/P              | Date In                  | Time In        | Date Out   | Time Out     | Comment        |                |             |                                    |            |     |        |        |         |
| 624                                                           | EF 2     | 1                | 2000/08/03               | 11:40          | 2000/08/03 | 12:40        |                |                |             |                                    |            |     |        |        |         |
| 624                                                           | EF 1     | 1                | 2000/08/03               | 11:40          | 2000/08/03 | 12:40        |                |                |             |                                    |            |     |        |        |         |
| C. ELECTROFISHER SPECIFICATIONS                               |          |                  |                          |                |            |              |                |                |             |                                    |            |     |        |        |         |
| Site#                                                         | MTD/NO   | H/P              | Encl                     | Sec            | Lnth       | Wdth         | Voltage        | Frequency      | Pulse       | Make                               | Model      |     |        |        |         |
| 624                                                           | EF       | 2                | 1                        | O              | 336        | 200.0        | 10.0           | 600            | 60          | 6                                  | SMITH ROOT | 12B |        |        |         |
| 624                                                           | EF       | 1                | 1                        | O              | 219        | 100.0        | 10.0           | 500            | 40          | 6                                  | SMITH ROOT | 12B |        |        |         |
| FISH SUMMARY                                                  |          |                  |                          |                |            |              |                |                |             |                                    |            |     |        |        |         |
| Site#                                                         | MTD/NO   | H/P              | Species                  | Stage          | Age        | Total #      | Lgth (Min/Max) | FishAct        | Comment     |                                    |            |     |        |        |         |
| 624                                                           | EF       | 2                | 1                        | NFC            |            | 0            |                |                | Above Falls |                                    |            |     |        |        |         |
| 624                                                           | EF       | 1                | 1                        | DV             | A          | 10           | 122 165        | R              |             |                                    |            |     |        |        |         |
| INDIVIDUAL FISH DATA                                          |          |                  |                          |                |            |              |                |                |             |                                    |            |     |        |        |         |
| Site#                                                         | MTD/NO   | H/P              | Species                  | Length         | Weight     | Sex          | Mat            | Age            |             | Vch#                               | Genetic    |     | Roll # | Frame# | Comment |
|                                                               |          |                  |                          |                |            |              |                | Str/Smpl#      | Age         |                                    | Str/Smpl#  |     |        |        |         |
| 624                                                           | EF       | 1                | 1                        | DV             | 136        |              | U              | U              |             |                                    |            |     |        |        |         |
| 624                                                           | EF       | 1                | 1                        | DV             | 122        |              | U              | U              |             |                                    |            |     |        |        |         |
| 624                                                           | EF       | 1                | 1                        | DV             | 156        |              | U              | U              |             |                                    |            |     |        |        |         |
| 624                                                           | EF       | 1                | 1                        | DV             | 123        |              | U              | U              |             |                                    |            |     |        |        |         |
| 624                                                           | EF       | 1                | 1                        | DV             | 165        |              | U              | U              |             |                                    |            |     | 7      | 14     |         |
| 624                                                           | EF       | 1                | 1                        | DV             | 149        |              | U              | U              |             |                                    |            |     |        |        |         |
| 624                                                           | EF       | 1                | 1                        | DV             | 162        |              | U              | U              |             |                                    |            |     |        |        |         |
| 624                                                           | EF       | 1                | 1                        | DV             | 157        |              | U              | U              |             |                                    |            |     |        |        |         |
| 624                                                           | EF       | 1                | 1                        | DV             | 161        |              | U              | U              |             |                                    |            |     |        |        |         |
| 624                                                           | EF       | 1                | 1                        | DV             | 146        |              | U              | U              |             |                                    |            |     |        |        |         |





Site #624, Upstream photo of LWD spanning channel  
Roll #7, Frame #15, Date: 2000/08/03



Site #624, Photo of a 165mm dolly varden  
Roll #7, Frame #14, Date: 2000/08/03





Site #624, Upstream photo of 17.5 m falls. Barrier to upstream fish migration  
Roll #7, Frame #13, Date: 2000/08/03



Site #624, Downstream photo of rapids above the confluence  
Roll #7, Frame #16, Date: 2000/08/03



## Stream Reach/Site Summary Report

| Reach # | ILP Map # | ILP # |
|---------|-----------|-------|
|---------|-----------|-------|

**Watershed Code:** 400-350300-00000-00000-0000-0000-000-000-000-000-000-000

8.0

| STREAM REFERENCING                                                                                 |                                                                                                                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                |                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          |                          |                          |                          |                          |                          |  |  |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|
| Gazetted Name: SEDAN CREEK                                                                         |                                                                                                                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                |                                                                            |                                                                                       |                                                                                       | Local Name: Sedan Creek                                                    |                                                                                                                               |                          |                          |                          |                          |                          |                          |  |  |
| Watershed Code: 400-350300-00000-00000-0000-000-000-000-000-000                                    |                                                                                                                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                |                                                                            |                                                                                       |                                                                                       |                                                                            | ILP Map #:                                                                                                                    |                          |                          |                          | ILP #:                   |                          |                          |  |  |
| REACH                                                                                              |                                                                                                                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                |                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          |                          |                          |                          |                          |                          |  |  |
| Reach #: 8.0                                                                                       |                                                                                                                                                                                       | UTM(Zone/East/North): 9.541159.6114509                                                                                                                                                         |                                                                                       |                                                                                                                                                                                                |                                                                            |                                                                                       |                                                                                       |                                                                            | Sample Type: B                                                                                                                |                          |                          |                          |                          |                          |                          |  |  |
| Length (km): 1.73                                                                                  |                                                                                                                                                                                       | Gradient (%): 9.42                                                                                                                                                                             |                                                                                       | US Elev (m): 1072                                                                                                                                                                              |                                                                            |                                                                                       | Order: 4                                                                              |                                                                            |                                                                                                                               | Magnitude: 36            |                          |                          |                          |                          |                          |  |  |
| Confinement: CO                                                                                    |                                                                                                                                                                                       | Coupling: CO                                                                                                                                                                                   |                                                                                       | Open water: A                                                                                                                                                                                  |                                                                            |                                                                                       | BGC Zone: CWH                                                                         |                                                                            |                                                                                                                               |                          |                          |                          |                          |                          |                          |  |  |
| Islands: N                                                                                         |                                                                                                                                                                                       | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                                                                                       | Riparian Veg.: M                                                                                                                                                                               |                                                                            |                                                                                       | Landuse: NO                                                                           |                                                                            |                                                                                                                               |                          |                          |                          |                          |                          |                          |  |  |
| SITE                                                                                               |                                                                                                                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                |                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          |                          |                          |                          |                          |                          |  |  |
| Site #: 625                                                                                        |                                                                                                                                                                                       | GIS UTM(Zone/East/North)                                                                                                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                            | Date: 2000/08/03                                                                      |                                                                                       |                                                                            |                                                                                                                               | Agency: C172             |                          |                          |                          | Crew: EM/JD              |                          |  |  |
| Site Lg (m): 200                                                                                   |                                                                                                                                                                                       | 9   541470   6114221                                                                                                                                                                           |                                                                                       |                                                                                                                                                                                                |                                                                            | Ref. Name:                                                                            |                                                                                       |                                                                            |                                                                                                                               |                          |                          |                          |                          |                          |                          |  |  |
| CHANNEL                                                                                            |                                                                                                                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                |                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          |                          |                          |                          |                          |                          |  |  |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                                                                                                                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                |                                                                            |                                                                                       |                                                                                       | Avg                                                                        | Min                                                                                                                           | Max                      | #                        |                          |                          |                          |                          |  |  |
| Dw: <input type="checkbox"/>                                                                       | Tribes.: <input type="checkbox"/>                                                                                                                                                     | Channel Width (m):                                                                                                                                                                             |                                                                                       | 8.63                                                                                                                                                                                           | 6.5                                                                        | 11.30                                                                                 | 6                                                                                     | Gradient %:                                                                |                                                                                                                               | 11.00                    | 10                       | 10                       | 4                        |                          |                          |  |  |
|                                                                                                    |                                                                                                                                                                                       | Wetted Width (m):                                                                                                                                                                              |                                                                                       | 5.80                                                                                                                                                                                           | 4.900                                                                      | 6.800                                                                                 | 6                                                                                     | Pool Depth (m):                                                            |                                                                                                                               | 0.82                     | 0.680                    | 0.96                     | 6                        |                          |                          |  |  |
|                                                                                                    |                                                                                                                                                                                       | Wb Depth (m):                                                                                                                                                                                  |                                                                                       | 1.50                                                                                                                                                                                           | 1.4                                                                        | 1.6                                                                                   | 3                                                                                     |                                                                            |                                                                                                                               |                          |                          |                          |                          |                          |                          |  |  |
| Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                                                                                                                                                                       |                                                                                                                                                                                                |                                                                                       | Temp (C): 7                                                                                                                                                                                    |                                                                            | pH: 7.2                                                                               | Cond.: 60                                                                             |                                                                            | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input checked="" type="checkbox"/> L <input type="checkbox"/> C |                          |                          |                          |                          |                          |                          |  |  |
| MORPHOLOGY                                                                                         |                                                                                                                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                |                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          |                          |                          |                          |                          |                          |  |  |
| Bed Material: Dominant: R                                                                          |                                                                                                                                                                                       | Subdom: B                                                                                                                                                                                      |                                                                                       | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                                                                            | O1                                                                                    | B1                                                                                    | B2                                                                         | B3                                                                                                                            | D1                       | D2                       | D3                       |                          |                          |                          |  |  |
| D95: 150.00                                                                                        |                                                                                                                                                                                       | D (cm): 60.00                                                                                                                                                                                  |                                                                                       |                                                                                                                                                                                                |                                                                            | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                   | <input type="checkbox"/>                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |  |  |
| Pattern: IR                                                                                        |                                                                                                                                                                                       | Islands: N                                                                                                                                                                                     |                                                                                       | DISTURBANCE INDICATORS                                                                                                                                                                         |                                                                            | C1                                                                                    | C2                                                                                    | C3                                                                         | C4                                                                                                                            | C5                       | S1                       | S2                       | S3                       | S4                       | S5                       |  |  |
| Coupling: CO                                                                                       |                                                                                                                                                                                       | Confinement: CO                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                |                                                                            | <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"/> |  |  |
| Morph: CP                                                                                          |                                                                                                                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                |                                                                            | <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"/> |  |  |
| COVER                                                                                              |                                                                                                                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                |                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          |                          |                          |                          |                          |                          |  |  |
| Total: A                                                                                           | Type: SWD                                                                                                                                                                             | LWD                                                                                                                                                                                            | B                                                                                     | U                                                                                                                                                                                              | DP                                                                         | OV                                                                                    | IV                                                                                    | FSZ: <input type="checkbox"/>                                              |                                                                                                                               |                          |                          |                          |                          |                          |                          |  |  |
|                                                                                                    | Amount: T                                                                                                                                                                             | T                                                                                                                                                                                              | S                                                                                     | N                                                                                                                                                                                              | D                                                                          | T                                                                                     | N                                                                                     |                                                                            |                                                                                                                               |                          |                          |                          |                          |                          |                          |  |  |
|                                                                                                    | Loc: P/S/O:                                                                                                                                                                           | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                          | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | CROWN CLOSURE                                                                                                                 |                          |                          |                          |                          |                          |                          |  |  |
| LWD: F                                                                                             | DIST: E                                                                                                                                                                               | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/>                                                           |                                                                                       | 1 1-20%                                                                                                                                                                                        |                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          |                          |                          |                          |                          |                          |  |  |
| RB SHP: V                                                                                          | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input checked="" type="checkbox"/> R <input type="checkbox"/> A | RIP: S                                                                                                                                                                                         | STG: SHR                                                                              |                                                                                                                                                                                                |                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          |                          |                          |                          |                          |                          |  |  |
| LB SHP: V                                                                                          | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input checked="" type="checkbox"/> R <input type="checkbox"/> A | RIP: S                                                                                                                                                                                         | STG: SHR                                                                              |                                                                                                                                                                                                |                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          |                          |                          |                          |                          |                          |  |  |
| FEATURES                                                                                           |                                                                                                                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                |                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          |                          |                          |                          |                          |                          |  |  |
| NID Map                                                                                            | NID                                                                                                                                                                                   | Type                                                                                                                                                                                           | Hgt                                                                                   | Method                                                                                                                                                                                         | Lg                                                                         | Method                                                                                | Photo                                                                                 | AirPhoto                                                                   | UTM (Zone/East/North/Method)                                                                                                  |                          |                          |                          |                          |                          |                          |  |  |
| 103P.019                                                                                           | 88030                                                                                                                                                                                 | F                                                                                                                                                                                              | 20.0                                                                                  | AE                                                                                                                                                                                             | 5                                                                          | AE                                                                                    | R: <input type="text"/>                                                               | F: <input type="text"/>                                                    | L: <input type="text"/>                                                                                                       | #: <input type="text"/>  | 9                        | 542253                   | 6112808                  | GIS                      |                          |  |  |
| Comments: Barrier to upstream fish migration. Located in Reach 7                                   |                                                                                                                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                |                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          |                          |                          |                          |                          |                          |  |  |
| FISH                                                                                               |                                                                                                                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                |                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                                                               |                          |                          |                          |                          |                          |                          |  |  |
| Site Number                                                                                        | Capture Method                                                                                                                                                                        | Number of Events                                                                                                                                                                               | Total Length (m)                                                                      | Total Time                                                                                                                                                                                     | Voltage                                                                    | Species                                                                               | Total Fish                                                                            | Minimum Length (mm)                                                        | Maximum Length (mm)                                                                                                           |                          |                          |                          |                          |                          |                          |  |  |
| 625                                                                                                | EF                                                                                                                                                                                    | 1                                                                                                                                                                                              | 200                                                                                   | 329 sec                                                                                                                                                                                        | 600                                                                        | NFC                                                                                   | 0                                                                                     |                                                                            |                                                                                                                               |                          |                          |                          |                          |                          |                          |  |  |

February 12, 2001



# FDIS Site Card

Watershed Code: 400-350300-00000-00000-0000-0000-000-000-000-000-000

Reach # 8.0 ILP Map # ILP # Site 625

| PROJECT                                                                                                                                                                               |        |                                                                                                                                                                                       |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----|
| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                |        |                                                                                                                                                                                       |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      | Project Code: 3476                                                                                                            |                                      |                                                                                                                                                                                                                                                           |         |     |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                      |        |                                                                                                                                                                                       |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| Project Watershed Code: 400-000000-00000-00000-0000-0000-000-000-000-000-000                                                                                                          |        |                                                                                                                                                                                       |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| WATERSHED                                                                                                                                                                             |        |                                                                                                                                                                                       |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| Gazetted Name: SEDAN CREEK                                                                                                                                                            |        |                                                                                                                                                                                       |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      | Local Name: Sedan Creek                                                                                                       |                                      |                                                                                                                                                                                                                                                           |         |     |
| Watershed Code: 400-350300-00000-00000-0000-0000-000-000-000-000-000                                                                                                                  |        |                                                                                                                                                                                       |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| ILP Map#:                                                                                                                                                                             |        | ILP #:                                                                                                                                                                                |                                     | NID Map #: 103P.019                 |                          |                                     | NID #: 60025                        |                          | Reach #: 8.0                                                                                                                         |                                                                                                                               | Site #: 625                          |                                                                                                                                                                                                                                                           |         |     |
| Field UTM(Zone/East/North/Method)                                                                                                                                                     |        |                                                                                                                                                                                       |                                     | GIS UTM(Zone/East/North)            |                          |                                     |                                     | Site Lg: 200             |                                                                                                                                      | Method: HC                                                                                                                    |                                      | Access: H                                                                                                                                                                                                                                                 |         |     |
| 9 541470                                                                                                                                                                              |        |                                                                                                                                                                                       |                                     | 6114221                             |                          |                                     |                                     | Ref. Name:               |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| Date: 2000/08/03                                                                                                                                                                      |        | Time: 12:50                                                                                                                                                                           |                                     | Agency: C172                        |                          |                                     | Crew: EM/JD                         |                          | Fish Crd?: <input checked="" type="checkbox"/>                                                                                       |                                                                                                                               | Incomplete: <input type="checkbox"/> |                                                                                                                                                                                                                                                           |         |     |
| CHANNEL                                                                                                                                                                               |        |                                                                                                                                                                                       |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
|                                                                                                                                                                                       |        | Mtd                                                                                                                                                                                   | width                               | width                               | width                    | width                               | width                               | width                    | width                                                                                                                                | width                                                                                                                         | width                                | width                                                                                                                                                                                                                                                     | Avg     |     |
| Channel Width (m):                                                                                                                                                                    |        | T                                                                                                                                                                                     | 6.50                                | 8.60                                | 10.20                    | 11.30                               | 7.40                                | 7.80                     |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           | 8.63    |     |
| Wetted Width (m):                                                                                                                                                                     |        | T                                                                                                                                                                                     | 5.60                                | 4.90                                | 5.40                     | 6.80                                | 5.70                                | 6.40                     |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           | 5.80    |     |
| Pool Depth (m):                                                                                                                                                                       |        | MS                                                                                                                                                                                    | 0.95                                | 0.86                                | 0.74                     | 0.68                                | 0.96                                | 0.75                     |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           | 0.82    |     |
| Wb Depth:                                                                                                                                                                             |        | 1.6                                                                                                                                                                                   | 1.4                                 | 1.5                                 | Avg: 1.50                |                                     |                                     | Method: MS               |                                                                                                                                      | Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>                            |                                      | No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                                                                                                                                                                               |         |     |
|                                                                                                                                                                                       |        |                                                                                                                                                                                       |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      | Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                                                                                                                                                                             |         |     |
| COVER                                                                                                                                                                                 |        |                                                                                                                                                                                       |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| Type:                                                                                                                                                                                 |        | SWD                                                                                                                                                                                   | LWD                                 | B                                   | U                        | DP                                  | OV                                  | IV                       | CROWN CLOSURE                                                                                                                        |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| Amount:                                                                                                                                                                               |        | T                                                                                                                                                                                     | T                                   | S                                   | N                        | D                                   | T                                   | N                        | 1 1-20%                                                                                                                              |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| Loc: P/S/O:                                                                                                                                                                           |        | <input checked="" type="checkbox"/>                                                                                                                                                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| LWD: F                                                                                                                                                                                |        | DIST: E                                                                                                                                                                               |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| LB SHP: V                                                                                                                                                                             |        | RB SHP: V                                                                                                                                                                             |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input checked="" type="checkbox"/> R <input type="checkbox"/> A |        | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input checked="" type="checkbox"/> R <input type="checkbox"/> A |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| RIP: S                                                                                                                                                                                |        | RIP: S                                                                                                                                                                                |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| STG: SHR                                                                                                                                                                              |        | STG: SHR                                                                                                                                                                              |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| WATER                                                                                                                                                                                 |        |                                                                                                                                                                                       |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| EMS:                                                                                                                                                                                  |        |                                                                                                                                                                                       |                                     |                                     | Req #:                   |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| Temp: 7                                                                                                                                                                               |        |                                                                                                                                                                                       |                                     |                                     | Method: T3               |                                     |                                     |                          |                                                                                                                                      | Cond.: 60                                                                                                                     |                                      |                                                                                                                                                                                                                                                           |         |     |
| pH: 7.2                                                                                                                                                                               |        |                                                                                                                                                                                       |                                     |                                     | Method: P2               |                                     |                                     |                          |                                                                                                                                      | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input checked="" type="checkbox"/> L <input type="checkbox"/> C |                                      |                                                                                                                                                                                                                                                           |         |     |
| Flood Signs: RAFTED DEBRIS                                                                                                                                                            |        |                                                                                                                                                                                       |                                     |                                     | Method: GE               |                                     |                                     |                          |                                                                                                                                      | Method: S4                                                                                                                    |                                      |                                                                                                                                                                                                                                                           |         |     |
|                                                                                                                                                                                       |        |                                                                                                                                                                                       |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      | Method: GE                                                                                                                    |                                      |                                                                                                                                                                                                                                                           |         |     |
| MORPHOLOGY                                                                                                                                                                            |        |                                                                                                                                                                                       |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| Bed Material:                                                                                                                                                                         |        | Dominant: R                                                                                                                                                                           |                                     | Subdom: B                           |                          | D95: 150.0                          |                                     | D (cm): 60.00            |                                                                                                                                      | Morph: CP                                                                                                                     |                                      | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                                                                                      |         |     |
| Pattern: IR                                                                                                                                                                           |        |                                                                                                                                                                                       |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                            |         |     |
| Islands: N                                                                                                                                                                            |        |                                                                                                                                                                                       |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      | C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                                                                             |         |     |
| Coupling: CO                                                                                                                                                                          |        |                                                                                                                                                                                       |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      | <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"/> |         |     |
| Confinement: CO                                                                                                                                                                       |        |                                                                                                                                                                                       |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| FSZ <input type="checkbox"/>                                                                                                                                                          |        |                                                                                                                                                                                       |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                            |         |     |
| FEATURES                                                                                                                                                                              |        |                                                                                                                                                                                       |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| NID Map                                                                                                                                                                               | NID    | Type                                                                                                                                                                                  | Hgt                                 | Method                              | Lg                       | Method                              | Photo                               |                          | AirPhoto                                                                                                                             |                                                                                                                               | UTM (Zone/East/North/Method)         |                                                                                                                                                                                                                                                           |         |     |
| 103P.019                                                                                                                                                                              | 88030  | F                                                                                                                                                                                     | 20.0                                | AE                                  | 5                        | AE                                  | R:                                  | F:                       | L:                                                                                                                                   | #:                                                                                                                            | 9                                    | 542253                                                                                                                                                                                                                                                    | 6112808 | GIS |
| Comments: Barrier to upstream fish migration. Located in Reach 7                                                                                                                      |        |                                                                                                                                                                                       |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| HABITAT QUALITY                                                                                                                                                                       |        |                                                                                                                                                                                       |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| Name                                                                                                                                                                                  |        | Comments                                                                                                                                                                              |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| OverWinter Habitat                                                                                                                                                                    |        | Overwintering habitat present                                                                                                                                                         |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| Spawning Habitat                                                                                                                                                                      |        | Poor spawning habitat-high gradient and poor substrates                                                                                                                               |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| Rearing Habitat                                                                                                                                                                       |        | Moderate rearing habitat-limited by poor access due to numerous cascades throughout reach                                                                                             |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| PHOTOS                                                                                                                                                                                |        |                                                                                                                                                                                       |                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |
| Photo                                                                                                                                                                                 | Foc Lg | Dir                                                                                                                                                                                   | Comments                            |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                                               |                                      |                                                                                                                                                                                                                                                           |         |     |

# FDIS Site Card

Reach #    ILP Map #    ILP #    Site

Watershed Code: 400-350300-00000-00000-0000-0000-000-000-000-000-000

8.0

625

| Photo     |   |       | Foc Lg                                                                      | Dir | Comments                                 |
|-----------|---|-------|-----------------------------------------------------------------------------|-----|------------------------------------------|
| R:        | 7 | F: 17 | STD                                                                         | U   | Upstream photo of cascades within reach  |
| R:        | 7 | F: 18 | STD                                                                         | D   | Downstream photo of cascade pool habitat |
| COMMENTS  |   |       |                                                                             |     |                                          |
| Section   |   |       | Comments                                                                    |     |                                          |
| SITE CARD |   |       | Fish form 30514                                                             |     |                                          |
| CHANNEL   |   |       | Falls and gradient downstream prevent upstream fish migration to this reach |     |                                          |
| CHANNEL   |   |       | S5 Stream                                                                   |     |                                          |



# FDIS Fish Form

Reach #      ILP Map #      ILP #

Watershed Code:      400-350300-00000-00000-0000-000-000-000-000-000

8.0

| WATERBODY                                                   |          |       |                          |            |            |                    |                |              |                 |             |               |                                    |
|-------------------------------------------------------------|----------|-------|--------------------------|------------|------------|--------------------|----------------|--------------|-----------------|-------------|---------------|------------------------------------|
| Gazetted Name: SEDAN CREEK                                  |          |       |                          |            |            | Local: Sedan Creek |                |              |                 |             |               |                                    |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-0 |          |       |                          |            |            |                    |                |              |                 |             |               |                                    |
| WS Code: 400-350300-00000-00000-0000-000-000-000-000-000    |          |       |                          |            |            |                    |                |              |                 |             |               |                                    |
| Waterbody ID:                                               |          |       |                          | ILP Map #: |            |                    | ILP #:         |              | Reach #: 8 -    |             |               |                                    |
| Project ID: 3476                                            |          |       |                          |            |            |                    | Lake/Stream: S |              | Lake From Date: |             |               |                                    |
| Fish Permit #: 25350K                                       |          |       | Date: 2000/08/03         |            |            | To: 2000/08/03     |                | Agency: C172 |                 | Crew: EM/JD |               | Resample: <input type="checkbox"/> |
| SITE / METHOD                                               |          |       |                          |            |            |                    |                |              |                 |             |               |                                    |
| Site#                                                       | NID Map  | NID # | UTM:Zone/East/North/Mthd |            |            | MTD/NO             | Temp           | Cond         | Turbid          | Comment     |               |                                    |
| 625                                                         | 103P.019 | 60025 |                          |            |            | EF 1               | 7              | 60           | L               |             |               |                                    |
| A. GEAR SETTINGS                                            |          |       |                          |            |            |                    |                |              |                 |             |               |                                    |
| Site#                                                       | MTD/NO   | H/P   | Date In                  | Time In    | Date Out   | Time Out           | Comment        |              |                 |             |               |                                    |
| 625                                                         | EF 1     | 1     | 2000/08/03               | 12:50      | 2000/08/03 | 13:30              |                |              |                 |             |               |                                    |
| C. ELECTROFISHER SPECIFICATIONS                             |          |       |                          |            |            |                    |                |              |                 |             |               |                                    |
| Site#                                                       | MTD/NO   | H/P   | Encl                     | Sec        | Lnth       | Width              | Voltage        | Frequency    | Pulse           | Make        | Model         |                                    |
| 625                                                         | EF       | 1     | 1                        | O          | 329        | 200.0              | 4.0            | 600          | 60              | 6           | SMITH<br>ROOT |                                    |
| FISH SUMMARY                                                |          |       |                          |            |            |                    |                |              |                 |             |               |                                    |
| Site#                                                       | MTD/NO   | H/P   | Species                  | Stage      | Age        | Total #            | Lgth (Min/Max) | FishAct      | Comment         |             |               |                                    |
| 625                                                         | EF       | 1     | 1                        | NFC        |            | 0                  |                |              |                 |             |               |                                    |



Site #625, Downstream photo of cascade pool habitat  
Roll #7, Frame #18, Date: 2000/08/03



Site #625, Upstream photo of cascades within reach  
Roll #7, Frame #17, Date: 2000/08/03



# Stream Reach/Site Summary Report

Reach # ILP Map # ILP #

Watershed Code: 400-339200-00000-00000-0000-000-000-000-000-000-000

3.0

| STREAM REFERENCING                                                                                 |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                                                  |                                                                                       |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------|-----|-----|---|---|----|----|----|---------|---|---|---|---|---|---|---|-------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------|--|
| Gazetted Name: WILSON CREEK                                                                        |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                                                                                                                                                                                | Local Name: Wilson Creek                                                              |                                                                                                                                                                                                                                  |                                                                                       |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| Watershed Code: 400-339200-00000-00000-0000-000-000-000-000-000-000                                |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                                                                                                                                                                                | ILP Map #:                                                                            |                                                                                                                                                                                                                                  | ILP #:                                                                                |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| REACH                                                                                              |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                                                  |                                                                                       |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| Reach #: 3.0                                                                                       |                                                                                       | UTM(Zone/East/North): 9.543399.6101330                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                                                                                                                                                                | Sample Type: B                                                                        |                                                                                                                                                                                                                                  |                                                                                       |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| Length (km): 1.58                                                                                  |                                                                                       | Gradient (%): 7.91                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       | US Elev (m): 423                                                                                                                                                                               |                                                                                       | Order: 4                                                                                                                                                                                                                         |                                                                                       | Magnitude: 26                                                                                                                 |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| Confinement: EN                                                                                    |                                                                                       | Coupling: CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       | Open water: A                                                                                                                                                                                  |                                                                                       | BGC Zone: ICH                                                                                                                                                                                                                    |                                                                                       |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| Islands: N                                                                                         |                                                                                       | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       | Riparian Veg.: M                                                                                                                                                                               |                                                                                       | Landuse: FR                                                                                                                                                                                                                      |                                                                                       |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| SITE                                                                                               |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                                                  |                                                                                       |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| Site #: 626                                                                                        |                                                                                       | GIS UTM(Zone/East/North)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       | Date: 2000/08/03                                                                                                                                                                               |                                                                                       | Agency: C172                                                                                                                                                                                                                     |                                                                                       | Crew: EM/JD                                                                                                                   |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| Site Lg (m): 100                                                                                   |                                                                                       | 9 543959 6100820                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | Ref. Name:                                                                                                                                                                                     |                                                                                       |                                                                                                                                                                                                                                  |                                                                                       |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| CHANNEL                                                                                            |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                                                  |                                                                                       |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       | Avg Min Max #                                                                                                                                                                                  |                                                                                       | Avg % Min % Max % #                                                                                                                                                                                                              |                                                                                       |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                      |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       | Channel Width (m): 7.53 6.400 9.100 6                                                                                                                                                          |                                                                                       | Gradient %: 5.25 5 6 4                                                                                                                                                                                                           |                                                                                       |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
|                                                                                                    |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       | Wetted Width (m): 4.48 2.900 6 6                                                                                                                                                               |                                                                                       | Pool Depth (m): 0.61 0.47 0.810 6                                                                                                                                                                                                |                                                                                       |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
|                                                                                                    |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       | Wb Depth (m): 0.77 0.7 0.8 3                                                                                                                                                                   |                                                                                       |                                                                                                                                                                                                                                  |                                                                                       |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |                                                                                       | Temp (C): 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       | pH: 7.1                                                                                                                                                                                        |                                                                                       | Cond.: 60                                                                                                                                                                                                                        |                                                                                       | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| MORPHOLOGY                                                                                         |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                                                  |                                                                                       |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| Bed Material: Dominant: B                                                                          |                                                                                       | Subdom: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                       | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                                                                                       |                                                                                                                                                                                                                                  |                                                                                       |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| D95: 90.00                                                                                         |                                                                                       | D (cm): 40.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                       |                                                                                                                                                                                                |                                                                                       | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                                                             |                                                                                       |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| Pattern: IR                                                                                        |                                                                                       | Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |                                                                                                                                                                                                |                                                                                       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                   |                                                                                       |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| Coupling: CO                                                                                       |                                                                                       | Confinement: CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       | DISTURBANCE INDICATORS                                                                                                                                                                         |                                                                                       | C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                                                    |                                                                                       |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| Morph: CP                                                                                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                                                                                                                                                                                |                                                                                       | <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"/> |                                                                                       |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| COVER                                                                                              |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                                                  |                                                                                       |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| Total: A                                                                                           |                                                                                       | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Type:</td> <td>SWD</td> <td>LWD</td> <td>B</td> <td>U</td> <td>DP</td> <td>OV</td> <td>IV</td> </tr> <tr> <td>Amount:</td> <td>T</td> <td>T</td> <td>D</td> <td>N</td> <td>S</td> <td>T</td> <td>T</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> |                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                                                  |                                                                                       |                                                                                                                               | Type:               | SWD | LWD | B | U | DP | OV | IV | Amount: | T | T | D | N | S | T | T | Loc: P/S/O: | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | FSZ: <input type="checkbox"/> |  |
| Type:                                                                                              | SWD                                                                                   | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | B                                                                                     | U                                                                                                                                                                                              | DP                                                                                    | OV                                                                                                                                                                                                                               | IV                                                                                    |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| Amount:                                                                                            | T                                                                                     | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D                                                                                     | N                                                                                                                                                                                              | S                                                                                     | T                                                                                                                                                                                                                                | T                                                                                     |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| Loc: P/S/O:                                                                                        | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                     | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                            | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| LWD: N                                                                                             |                                                                                       | DIST: NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       | INSTREAM VEG: N <input type="checkbox"/> A <input checked="" type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/>                                                           |                                                                                       | CROWN CLOSURE                                                                                                                                                                                                                    |                                                                                       |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| RB SHP: V                                                                                          |                                                                                       | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input checked="" type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       | RIP: C                                                                                                                                                                                         |                                                                                       | STG: MF                                                                                                                                                                                                                          |                                                                                       |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| LB SHP: S                                                                                          |                                                                                       | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       | RIP: C                                                                                                                                                                                         |                                                                                       | STG: MF                                                                                                                                                                                                                          |                                                                                       |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| FISH                                                                                               |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                                                  |                                                                                       |                                                                                                                               |                     |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| Site Number                                                                                        | Capture Method                                                                        | Number of Events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total Length (m)                                                                      | Total Time                                                                                                                                                                                     | Voltage                                                                               | Species                                                                                                                                                                                                                          | Total Fish                                                                            | Minimum Length (mm)                                                                                                           | Maximum Length (mm) |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |
| 626                                                                                                | EF                                                                                    | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 100                                                                                   | 108 sec                                                                                                                                                                                        | 600                                                                                   | DV                                                                                                                                                                                                                               | 11                                                                                    | 86                                                                                                                            | 121                 |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                               |  |

February 12, 2001

# FDIS Site Card

Watershed Code: 400-339200-00000-00000-0000-000-000-000-000-000-000  
 Reach # 3.0 ILP Map # ILP # Site 626

| PROJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------|-----|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------|--|--|------|-------------------|---|------|------|------|------|------|------|--|--|--|------|-----------------|----|------|------|------|------|------|------|--|--|--|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-----------|-----|-----|-----------|---------|----|------|------------|---------|----|--|
| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     |                                                                                                                                                                                       |                                                | Project Code: 3476                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Project Watershed Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| WATERSHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Gazetted Name: WILSON CREEK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     |                                                                                                                                                                                       |                                                | Local Name: Wilson Creek                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Watershed Code: 400-339200-00000-00000-0000-000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| ILP Map#:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | ILP #:                              |                                     | NID Map #: 103P.009      |                                                                                                 |                                     | NID #: 60026                        |                                                                                                                                                                                       | Reach #: 3.0                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Site #: 626                          |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Field UTM(Zone/East/North/Method)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     | GIS UTM(Zone/East/North) |                                                                                                 |                                     |                                     | Site Lg: 100                                                                                                                                                                          |                                                | Method: HC                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      | Access: H |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| 9 543959 6100820                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     | Ref. Name:                                                                                                                                                                            |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Date: 2000/08/03                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | Time: 14:07                         |                                     | Agency: C172             |                                                                                                 |                                     | Crew: EM/JD                         |                                                                                                                                                                                       | Fish Crd?: <input checked="" type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Incomplete: <input type="checkbox"/> |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| CHANNEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Mtd</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Channel Width (m):</td> <td>T</td> <td>7.50</td> <td>7.20</td> <td>6.70</td> <td>8.30</td> <td>9.10</td> <td>6.40</td> <td></td> <td></td> <td></td> <td>7.53</td> </tr> <tr> <td>Wetted Width (m):</td> <td>T</td> <td>4.30</td> <td>2.90</td> <td>6.00</td> <td>5.40</td> <td>4.60</td> <td>3.70</td> <td></td> <td></td> <td></td> <td>4.48</td> </tr> <tr> <td>Pool Depth (m):</td> <td>MS</td> <td>0.52</td> <td>0.61</td> <td>0.47</td> <td>0.81</td> <td>0.76</td> <td>0.49</td> <td></td> <td></td> <td></td> <td>0.61</td> </tr> </tbody> </table> |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           | Mtd | width | width                    | width                    | width                    | width                    | width                    | width                    | width                    | width                    | Avg                      | Channel Width (m):       | T                                   | 7.50                                | 7.20                                | 6.70                     | 8.30                                | 9.10                                | 6.40                                |               |  |  | 7.53 | Wetted Width (m): | T | 4.30 | 2.90 | 6.00 | 5.40 | 4.60 | 3.70 |  |  |  | 4.48 | Pool Depth (m): | MS | 0.52 | 0.61 | 0.47 | 0.81 | 0.76 | 0.49 |  |  |  | 0.61 | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Gadient %</th> <th>Mtd</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Method I:</td> <td>5.0 6.0</td> <td>AL</td> <td>5.25</td> </tr> <tr> <td>Method II:</td> <td>5.0 5.0</td> <td>AL</td> <td></td> </tr> </tbody> </table> |  |  |  | Gadient % | Mtd | Avg | Method I: | 5.0 6.0 | AL | 5.25 | Method II: | 5.0 5.0 | AL |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Mtd                                 | width                               | width                               | width                    | width                                                                                           | width                               | width                               | width                                                                                                                                                                                 | width                                          | width                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Avg                                  |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Channel Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T                                   | 7.50                                | 7.20                                | 6.70                     | 8.30                                                                                            | 9.10                                | 6.40                                |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7.53                                 |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Wetted Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | T                                   | 4.30                                | 2.90                                | 6.00                     | 5.40                                                                                            | 4.60                                | 3.70                                |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4.48                                 |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Pool Depth (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MS                                  | 0.52                                | 0.61                                | 0.47                     | 0.81                                                                                            | 0.76                                | 0.49                                |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.61                                 |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Gadient %                           | Mtd                                 | Avg                                 |                          |                                                                                                 |                                     |                                     |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Method I:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5.0 6.0                             | AL                                  | 5.25                                |                          |                                                                                                 |                                     |                                     |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Method II:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5.0 5.0                             | AL                                  |                                     |                          |                                                                                                 |                                     |                                     |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Wb Depth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | .8 .7 .8                            |                                     | Avg: 0.77                |                                                                                                 | Method: MS                          |                                     | Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/>                                                                                    |                                                | No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/><br>Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| COVER Total: A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> </thead> <tbody> <tr> <td>Amount:</td> <td>T</td> <td>T</td> <td>D</td> <td>N</td> <td>S</td> <td>T</td> <td>T</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                   |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     | Type:                                                                                                                                                                                 | SWD                                            | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | B                                    | U         | DP  | OV    | IV                       | Amount:                  | T                        | T                        | D                        | N                        | S                        | T                        | T                        | Loc: P/S/O:              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | CROWN CLOSURE |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SWD                                 | LWD                                 | B                                   | U                        | DP                                                                                              | OV                                  | IV                                  |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T                                   | T                                   | D                                   | N                        | S                                                                                               | T                                   | T                                   |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
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| LWD: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     | DIST: NA                                                                                                                                                                              |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| LB SHP: S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     | RB SHP: V                                                                                                                                                                             |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input checked="" type="checkbox"/> R <input type="checkbox"/> A |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| RIP: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     | RIP: C                                                                                                                                                                                |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| STG: MF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     | STG: MF                                                                                                                                                                               |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| EMS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                     |                                     |                          | Req #:                                                                                          |                                     |                                     |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Temp: 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     |                                     |                          | Method: T3                                                                                      |                                     |                                     |                                                                                                                                                                                       |                                                | Cond.: 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| pH: 7.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                     |                          | Method: P2                                                                                      |                                     |                                     |                                                                                                                                                                                       |                                                | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C                                                                                                                                                                                                                                                                                                                                               |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Flood Signs: NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                          | Method: GE                                                                                      |                                     |                                     |                                                                                                                                                                                       |                                                | Method: S4                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     |                                                                                                                                                                                       |                                                | Method: GE                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| MORPHOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Bed Material: Dominant: B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                          | Subdom: C                                                                                       |                                     |                                     |                                                                                                                                                                                       |                                                | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| D95: 90.0 D (cm): 40.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                     |                          | Morph: CP                                                                                       |                                     |                                     |                                                                                                                                                                                       |                                                | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>                                                                                                       |                                      |           |     |       | <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"/>            |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Pattern: IR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                                     |                          | DISTURBANCE INDICATORS                                                                          |                                     |                                     |                                                                                                                                                                                       |                                                | C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     |                                                                                                                                                                                       |                                                | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> |                                      |           |     |       | <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"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Coupling: CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Confinement: CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| FSZ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     |                                                                                                                                                                                       |                                                | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                              |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| HABITAT QUALITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                     |                                     |                          | Comments                                                                                        |                                     |                                     |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Overwinter Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                                     |                          | Overwintering habitat present                                                                   |                                     |                                     |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Spawning Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                     |                                     |                          | Poor spawning habitat-substrates too large                                                      |                                     |                                     |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Rearing Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                          | High quality rearing habitat for DV/BT. Cascade pool habitat with abundant cover and deep pools |                                     |                                     |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| PHOTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Photo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | Foc Lg                              |                                     | Dir                      |                                                                                                 | Comments                            |                                     |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| R:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7                                   | F:                                  | 19                                  | STD                      |                                                                                                 | U                                   |                                     | Upstream photo of boulder cascade habitat                                                                                                                                             |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| R:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7                                   | F:                                  | 20                                  | STD                      |                                                                                                 | D                                   |                                     | Downstream photo of overstream vegetation                                                                                                                                             |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     |                                     |                          |                                                                                                 |                                     |                                     |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                     |                          | Comments                                                                                        |                                     |                                     |                                                                                                                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |           |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                                     |               |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |



## FDIS Site Card

|                                                                      |                 | Reach # | ILP Map # | ILP # | Site |
|----------------------------------------------------------------------|-----------------|---------|-----------|-------|------|
| Watershed Code: 400-339200-00000-00000-0000-0000-000-000-000-000-000 |                 | 3.0     |           |       | 626  |
| Section                                                              | Comments        |         |           |       |      |
| SITE CARD                                                            | Fish form 30513 |         |           |       |      |
| CHANNEL                                                              | DV captured     |         |           |       |      |
| CHANNEL                                                              | S2 Stream       |         |           |       |      |

# FDIS Fish Form

Reach #      ILP Map #      ILP #

Watershed Code:      400-339200-00000-00000-0000-0000-000-000-000-000-000

3.0

| WATERBODY                                                        |          |       |                          |         |                  |          |                |                |         |                     |               |              |        |                                    |         |
|------------------------------------------------------------------|----------|-------|--------------------------|---------|------------------|----------|----------------|----------------|---------|---------------------|---------------|--------------|--------|------------------------------------|---------|
| Gazetted Name: WILSON CREEK                                      |          |       |                          |         |                  |          |                |                |         | Local: Wilson Creek |               |              |        |                                    |         |
| Project Code: 400-000000-00000-00000-0000-0000-000-000-000-000-0 |          |       |                          |         |                  |          |                |                |         |                     |               |              |        |                                    |         |
| WS Code: 400-339200-00000-00000-0000-0000-000-000-000-000-000    |          |       |                          |         |                  |          |                |                |         |                     |               |              |        |                                    |         |
| Waterbody ID:                                                    |          |       |                          |         | ILP Map #:       |          |                |                |         | ILP #:              |               | Reach #: 3 - |        |                                    |         |
| Project ID: 3476                                                 |          |       |                          |         | Lake/Stream: S   |          |                |                |         | Lake From Date:     |               |              |        |                                    |         |
| Fish Permit #: 25350K                                            |          |       |                          |         | Date: 2000/08/03 |          |                | To: 2000/08/03 |         | Agency: C172        |               | Crew: EM/JD  |        | Resample: <input type="checkbox"/> |         |
| SITE / METHOD                                                    |          |       |                          |         |                  |          |                |                |         |                     |               |              |        |                                    |         |
| Site#                                                            | NID Map  | NID # | UTM:Zone/East/North/Mthd |         |                  |          | MTD/NO         |                | Temp    | Cond                | Turbid        | Comment      |        |                                    |         |
| 626                                                              | 103P.009 | 60026 |                          |         |                  |          | EF             | 1              | 12      | 60                  | C             |              |        |                                    |         |
| A. GEAR SETTINGS                                                 |          |       |                          |         |                  |          |                |                |         |                     |               |              |        |                                    |         |
| Site#                                                            | MTD/NO   | H/P   | Date In                  | Time In | Date Out         | Time Out | Comment        |                |         |                     |               |              |        |                                    |         |
| 626                                                              | EF       | 1     | 2000/08/03               | 14:07   | 2000/08/03       | 14:41    |                |                |         |                     |               |              |        |                                    |         |
| C. ELECTROFISHER SPECIFICATIONS                                  |          |       |                          |         |                  |          |                |                |         |                     |               |              |        |                                    |         |
| Site#                                                            | MTD/NO   | H/P   | Encl                     | Sec     | Lnth             | Width    | Voltage        | Frequency      | Pulse   | Make                | Model         |              |        |                                    |         |
| 626                                                              | EF       | 1     | 1                        | O       | 108              | 100.0    | 4.0            | 600            | 60      | 6                   | SMITH<br>ROOT | 12B          |        |                                    |         |
| FISH SUMMARY                                                     |          |       |                          |         |                  |          |                |                |         |                     |               |              |        |                                    |         |
| Site#                                                            | MTD/NO   | H/P   | Species                  | Stage   | Age              | Total #  | Lgth (Min/Max) | FishAct        | Comment |                     |               |              |        |                                    |         |
| 626                                                              | EF       | 1     | 1                        | DV      | J                |          | 11             | 86             | 121     | R                   |               |              |        |                                    |         |
| INDIVIDUAL FISH DATA                                             |          |       |                          |         |                  |          |                |                |         |                     |               |              |        |                                    |         |
| Site#                                                            | MTD/NO   | H/P   | Species                  | Length  | Weight           | Sex      | Mat            | Age            |         | Vch#                | Genetic       |              | Roll # | Frame#                             | Comment |
|                                                                  |          |       |                          |         |                  |          |                | Str/Smpl#      | Age     |                     | Str/Smpl#     |              |        |                                    |         |
| 626                                                              | EF       | 1     | 1                        | DV      | 120              |          | U              | U              |         |                     |               |              |        |                                    |         |
| 626                                                              | EF       | 1     | 1                        | DV      | 116              |          | U              | U              |         |                     |               |              |        |                                    |         |
| 626                                                              | EF       | 1     | 1                        | DV      | 86               |          | U              | U              |         |                     |               |              |        |                                    |         |
| 626                                                              | EF       | 1     | 1                        | DV      | 94               |          | U              | U              |         |                     |               |              | 7      | 21                                 |         |
| 626                                                              | EF       | 1     | 1                        | DV      | 88               |          | U              | U              |         |                     |               |              |        |                                    |         |
| 626                                                              | EF       | 1     | 1                        | DV      | 121              |          | U              | U              |         |                     |               |              |        |                                    |         |
| 626                                                              | EF       | 1     | 1                        | DV      | 93               |          | U              | U              |         |                     |               |              |        |                                    |         |
| 626                                                              | EF       | 1     | 1                        | DV      | 108              |          | U              | U              |         |                     |               |              |        |                                    |         |
| 626                                                              | EF       | 1     | 1                        | DV      | 112              |          | U              | U              |         |                     |               |              |        |                                    |         |
| 626                                                              | EF       | 1     | 1                        | DV      | 118              |          | U              | U              |         |                     |               |              |        |                                    |         |
| 626                                                              | EF       | 1     | 1                        | DV      | 89               |          | U              | U              |         |                     |               |              |        |                                    |         |





Site #626, Upstream photo of boulder cascade habitat  
Roll #7, Frame #19, Date: 2000/08/03



Site #626, Downstream photo of overstream vegetation  
Roll #7, Frame #20, Date: 2000/08/03



Site #626, Photo of a 94mm dolly varden  
Roll #7, Frame #21, Date: 2000/08/03



## Stream Reach/Site Summary Report

**Watershed Code:** 400-339200-20200-00000-00000-0000-000-000-000-000-000

| Reach # | ILP Map # | ILP # |
|---------|-----------|-------|
|---------|-----------|-------|

8.0

| STREAM REFERENCING                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
|----------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------|-------|---|---------------|------|-----|-------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------|------------|------|---|---|---|-----------------|------|-------|-------|---|
| Gazetted Name:                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | Local Name: None                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| Watershed Code: 400-339200-20200-00000-0000-0000-000-000-000-000-000                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | ILP Map #:                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | ILP #:                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| REACH                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| Reach #: 8.0                                                                                       |                                     | UTM(Zone/East/North): 9.539521.6101213                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 | Sample Type: R           |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| Length (km): .51                                                                                   |                                     | Gradient (%): 3.33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | US Elev (m): 1182                                                                                                                                                                                                                                                                                                                                                                                                               |                          | Order: 2                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | Magnitude: 2                                                                                                                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| Confinement: CO                                                                                    |                                     | Coupling: PC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | Open water: P                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | BGC Zone: ESSF                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| Islands: N                                                                                         |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                             |                          | Riparian Veg.: C                                                                                                                                                                                                                                                                                                                                                                                                                |                          | Landuse: NO                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| SITE                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| Site #: 627                                                                                        |                                     | GIS UTM(Zone/East/North)<br>9 539733 6101484                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | Date: 2000/08/03                                                                                                                                                                                                                                                                                                                                                                                                                |                          | Agency: C172                                                                                                                                                                                                                                                                                                                                                                                                                     |                          | Crew: EM/JD                                                                                                                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| Site Lg (m): 300                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | Ref. Name:                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| CHANNEL                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input checked="" type="checkbox"/>             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Avg</th> <th>Min</th> <th>Max</th> <th>#</th> </tr> <tr> <td>Channel Width (m):</td> <td>1.30</td> <td>1.080</td> <td>1.52</td> <td>6</td> </tr> <tr> <td>Wetted Width (m):</td> <td>0.39</td> <td>0.11</td> <td>0.810</td> <td>6</td> </tr> <tr> <td>Wb Depth (m):</td> <td>0.20</td> <td>0.2</td> <td>0.2</td> <td>3</td> </tr> </table> |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  | Avg                      | Min                                                                                                                           | Max                      | #                        | Channel Width (m):       | 1.30                     | 1.080                    | 1.52                     | 6                        | Wetted Width (m):        | 0.39                     | 0.11 | 0.810 | 6 | Wb Depth (m): | 0.20 | 0.2 | 0.2         | 3                                   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Avg %</th> <th>Min %</th> <th>Max %</th> <th>#</th> </tr> <tr> <td>Gadient %:</td> <td>2.50</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>Pool Depth (m):</td> <td>0.20</td> <td>0.140</td> <td>0.360</td> <td>6</td> </tr> </table> |                          |                                     | Avg %                    | Min %                               | Max %                    | #                             | Gadient %: | 2.50 | 2 | 3 | 4 | Pool Depth (m): | 0.20 | 0.140 | 0.360 | 6 |
|                                                                                                    | Avg                                 | Min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Max                      | #                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| Channel Width (m):                                                                                 | 1.30                                | 1.080                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1.52                     | 6                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| Wetted Width (m):                                                                                  | 0.39                                | 0.11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0.810                    | 6                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| Wb Depth (m):                                                                                      | 0.20                                | 0.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0.2                      | 3                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
|                                                                                                    | Avg %                               | Min %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Max %                    | #                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| Gadient %:                                                                                         | 2.50                                | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3                        | 4                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| Pool Depth (m):                                                                                    | 0.20                                | 0.140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0.360                    | 6                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                     | Temp (C): 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | pH: 6.8                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | Cond.: 70                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| MORPHOLOGY                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| Bed Material: Dominant: C                                                                          |                                     | Subdom: B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                  |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| D95: 45.00                                                                                         |                                     | D (cm): 5.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| Pattern: IR                                                                                        |                                     | Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>                                                                   |                          | <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"/> |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| Coupling: DC                                                                                       |                                     | Confinement: UN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | DISTURBANCE INDICATORS                                                                                                                                                                                                                                                                                                                                                                                                          |                          | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |                          | <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"/> |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| Morph: RP                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| COVER                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| Total: M                                                                                           |                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> <tr> <td>Amount:</td> <td>T</td> <td>T</td> <td>D</td> <td>T</td> <td>T</td> <td>T</td> <td>S</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | Type:                                                                                                                         | SWD                      | LWD                      | B                        | U                        | DP                       | OV                       | IV                       | Amount:                  | T                        | T    | D     | T | T             | T    | S   | Loc: P/S/O: | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FSZ: <input type="checkbox"/> |            |      |   |   |   |                 |      |       |       |   |
| Type:                                                                                              | SWD                                 | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | B                        | U                                                                                                                                                                                                                                                                                                                                                                                                                               | DP                       | OV                                                                                                                                                                                                                                                                                                                                                                                                                               | IV                       |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| Amount:                                                                                            | T                                   | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | D                        | T                                                                                                                                                                                                                                                                                                                                                                                                                               | T                        | T                                                                                                                                                                                                                                                                                                                                                                                                                                | S                        |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| Loc: P/S/O:                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| LWD: N                                                                                             |                                     | DIST: NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | INSTREAM VEG: N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                 |                          | CROWN CLOSURE<br>1 1-20%                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| RB SHP: S                                                                                          |                                     | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | RIP: S                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | STG: SHR                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| LB SHP: S                                                                                          |                                     | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | RIP: S                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | STG: SHR                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| FISH                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| Site Number                                                                                        | Capture Method                      | Number of Events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Total Length (m)         | Total Time                                                                                                                                                                                                                                                                                                                                                                                                                      | Voltage                  | Species                                                                                                                                                                                                                                                                                                                                                                                                                          | Total Fish               | Minimum Length (mm)                                                                                                           | Maximum Length (mm)      |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |
| 627                                                                                                | EF                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 300                      | 291 sec                                                                                                                                                                                                                                                                                                                                                                                                                         | 600                      | NFC                                                                                                                                                                                                                                                                                                                                                                                                                              | 0                        |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |      |       |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                               |            |      |   |   |   |                 |      |       |       |   |

February 12, 2001



## FDIS Site Card

**Watershed Code:** 400-339200-20200-00000-0000-0000-000-000-000-000-000-000

| Reach # | ILP Map # | ILP # | Site |
|---------|-----------|-------|------|
| 8.0     |           |       | 627  |

|                                                                                                                                                                                                                                                                                    |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------|----------------------------------------------------------------------------------------------------|------------------------------------------------|-----------|---------------------------------------------------------------|--|-----|--|
| PROJECT                                                                                                                                                                                                                                                                            |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                                                                                                             |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                                                                                                                   |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 | Project Code: 3476 |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Project Watershed Code: 400-000000-00000-00000-0000-0000-000-000-000-000-000                                                                                                                                                                                                       |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| WATERSHED                                                                                                                                                                                                                                                                          |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Gazetted Name:                                                                                                                                                                                                                                                                     |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 | Local Name: None   |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Watershed Code: 400-339200-20200-00000-00000-0000-000-000-000-000-000                                                                                                                                                                                                              |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| ILP Map#:                                                                                                                                                                                                                                                                          |  |                                     |                          |                                     | ILP #:                   |                                     |                          | NID Map #: 103P.009                 |                                                                                                                                                 |                    | NID #: 60027 |                                                                                                    | Reach #: 8.0                                   |           | Site #: 627                                                   |  |     |  |
| Field UTM(Zone/East/North/Method)                                                                                                                                                                                                                                                  |  |                                     |                          |                                     | GIS UTM(Zone/East/North) |                                     |                          |                                     |                                                                                                                                                 | Site Lg: 300       |              | Method: HC                                                                                         |                                                | Access: H |                                                               |  |     |  |
|                                                                                                                                                                                                                                                                                    |  |                                     |                          |                                     | 9 539733 6101484         |                                     |                          |                                     |                                                                                                                                                 | Ref. Name:         |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Date: 2000/08/03                                                                                                                                                                                                                                                                   |  |                                     |                          |                                     | Time: 15:20              |                                     |                          | Agency: C172                        |                                                                                                                                                 |                    | Crew: EM/JD  |                                                                                                    | Fish Crd?: <input checked="" type="checkbox"/> |           | Incomplete: <input type="checkbox"/>                          |  |     |  |
| CHANNEL                                                                                                                                                                                                                                                                            |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
|                                                                                                                                                                                                                                                                                    |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    | Gadient %                                      |           | Mtd                                                           |  | Avg |  |
| Channel Width (m):                                                                                                                                                                                                                                                                 |  | MS                                  | 1.40                     | 1.52                                | 1.16                     | 1.08                                | 1.37                     | 1.29                                |                                                                                                                                                 |                    |              |                                                                                                    |                                                | 1.30      | Method I: 2.0 3.0 AL 2.50                                     |  |     |  |
| Wetted Width (m):                                                                                                                                                                                                                                                                  |  | MS                                  | 0.23                     | 0.56                                | 0.81                     | 0.11                                | 0.29                     | 0.36                                |                                                                                                                                                 |                    |              |                                                                                                    |                                                | 0.39      | Method II: 2.0 3.0 AL                                         |  |     |  |
| Pool Depth (m):                                                                                                                                                                                                                                                                    |  | MS                                  | 0.15                     | 0.20                                | 0.36                     | 0.21                                | 0.16                     | 0.14                                |                                                                                                                                                 |                    |              |                                                                                                    |                                                | 0.20      |                                                               |  |     |  |
| Wb Depth:                                                                                                                                                                                                                                                                          |  |                                     | .2                       | .2                                  | .2                       | Avg: 0.20                           |                          |                                     | Method: MS                                                                                                                                      |                    |              | Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                                |           | Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/> |  |     |  |
| COVER                                                                                                                                                                                                                                                                              |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Total: M                                                                                                                                                                                                                                                                           |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Type:                                                                                                                                                                                                                                                                              |  | SWD                                 | LWD                      | B                                   | U                        | DP                                  | OV                       | IV                                  | CROWN CLOSURE                                                                                                                                   |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Amount:                                                                                                                                                                                                                                                                            |  | T                                   | T                        | D                                   | T                        | T                                   | T                        | S                                   | 1 1-20%                                                                                                                                         |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Loc: P/S/O:                                                                                                                                                                                                                                                                        |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | INSTREAM VEG: N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input checked="" type="checkbox"/> |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| LWD: N DIST: NA                                                                                                                                                                                                                                                                    |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| LB SHP: S                                                                                                                                                                                                                                                                          |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                              |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| RIP: S                                                                                                                                                                                                                                                                             |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| STG: SHR                                                                                                                                                                                                                                                                           |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| RB SHP: S                                                                                                                                                                                                                                                                          |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                              |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| RIP: S                                                                                                                                                                                                                                                                             |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| STG: SHR                                                                                                                                                                                                                                                                           |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| WATER                                                                                                                                                                                                                                                                              |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| EMS:                                                                                                                                                                                                                                                                               |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Temp: 17                                                                                                                                                                                                                                                                           |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| pH: 6.8                                                                                                                                                                                                                                                                            |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Flood Signs: NONE                                                                                                                                                                                                                                                                  |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Method: T3                                                                                                                                                                                                                                                                         |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Method: P2                                                                                                                                                                                                                                                                         |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Method: GE                                                                                                                                                                                                                                                                         |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Req #:                                                                                                                                                                                                                                                                             |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Cond.: 70                                                                                                                                                                                                                                                                          |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C                                                                                                                                                      |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Method: S4                                                                                                                                                                                                                                                                         |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Method: GE                                                                                                                                                                                                                                                                         |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| MORPHOLOGY                                                                                                                                                                                                                                                                         |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Bed Material: Dominant: C Subdom: B                                                                                                                                                                                                                                                |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| D95: 45.0 D (cm): 5.00 Morph: RP                                                                                                                                                                                                                                                   |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Pattern: IR                                                                                                                                                                                                                                                                        |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Islands: N                                                                                                                                                                                                                                                                         |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Coupling: DC                                                                                                                                                                                                                                                                       |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Confinement: UN                                                                                                                                                                                                                                                                    |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| FSZ <input type="checkbox"/>                                                                                                                                                                                                                                                       |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                                                                                                               |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                            |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| DISTURBANCE INDICATORS                                                                                                                                                                                                                                                             |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                                                                                                      |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| <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"/> |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                     |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| HABITAT QUALITY                                                                                                                                                                                                                                                                    |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Name                                                                                                                                                                                                                                                                               |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Comments                                                                                                                                                                                                                                                                           |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| OverWinter Habitat                                                                                                                                                                                                                                                                 |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| No overwintering habitat present                                                                                                                                                                                                                                                   |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Spawning Habitat                                                                                                                                                                                                                                                                   |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| No spawning habitat-substrates suitable for spawning not available                                                                                                                                                                                                                 |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Rearing Habitat                                                                                                                                                                                                                                                                    |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Poor rearing habitat-dry sections of stream, high water temperatures, shallow                                                                                                                                                                                                      |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| PHOTOS                                                                                                                                                                                                                                                                             |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Photo                                                                                                                                                                                                                                                                              |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Foc Lg                                                                                                                                                                                                                                                                             |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Dir                                                                                                                                                                                                                                                                                |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Comments                                                                                                                                                                                                                                                                           |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| R: 7 F: 22 STD D Downstream photo of a dry intermittent channel                                                                                                                                                                                                                    |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| R: 7 F: 23 STD U Upstream photo of a dry intermittent channel                                                                                                                                                                                                                      |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| COMMENTS                                                                                                                                                                                                                                                                           |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Section                                                                                                                                                                                                                                                                            |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |
| Comments                                                                                                                                                                                                                                                                           |  |                                     |                          |                                     |                          |                                     |                          |                                     |                                                                                                                                                 |                    |              |                                                                                                    |                                                |           |                                                               |  |     |  |



## FDIS Site Card

|                                                                      |                                                                 | Reach # | ILP Map # | ILP # | Site |
|----------------------------------------------------------------------|-----------------------------------------------------------------|---------|-----------|-------|------|
| Watershed Code: 400-339200-20200-00000-0000-0000-000-000-000-000-000 |                                                                 | 8.0     |           |       | 627  |
| Section                                                              | Comments                                                        |         |           |       |      |
| SITE CARD                                                            | 30512                                                           |         |           |       |      |
| CHANNEL                                                              | Downstream gradient and barrier prevent upstream fish migration |         |           |       |      |
| CHANNEL                                                              | S6 Stream                                                       |         |           |       |      |

# FDIS Fish Form

Reach #      ILP Map #      ILP #

Watershed Code:      400-339200-20200-00000-0000-0000-000-000-000-000

8.0

| WATERBODY                                                 |          |        |                          |                  |            |                |                 |              |              |             |               |                                    |
|-----------------------------------------------------------|----------|--------|--------------------------|------------------|------------|----------------|-----------------|--------------|--------------|-------------|---------------|------------------------------------|
| Gazetted Name:                                            |          |        |                          |                  |            |                |                 |              |              | Local: None |               |                                    |
| Project Code:                                             |          |        |                          |                  |            |                |                 |              |              |             |               |                                    |
| WS Code: 400-339200-20200-00000-0000-0000-000-000-000-000 |          |        |                          |                  |            |                |                 |              |              |             |               |                                    |
| Waterbody ID:                                             |          |        |                          | ILP Map #:       |            |                | ILP #:          |              | Reach #: 8 - |             |               |                                    |
| Project ID: 3476                                          |          |        |                          | Lake/Stream: S   |            |                | Lake From Date: |              |              |             |               |                                    |
| Fish Permit #:                                            |          | 25350K |                          | Date: 2000/08/03 |            | To: 2000/08/03 |                 | Agency: C172 |              | Crew: EM/JD |               | Resample: <input type="checkbox"/> |
| SITE / METHOD                                             |          |        |                          |                  |            |                |                 |              |              |             |               |                                    |
| Site#                                                     | NID Map  | NID #  | UTM:Zone/East/North/Mthd |                  |            | MTD/NO         | Temp            | Cond         | Turbid       | Comment     |               |                                    |
| 627                                                       | 103P.009 | 60027  |                          |                  |            | EF 1           | 17              | 70           | C            |             |               |                                    |
| A. GEAR SETTINGS                                          |          |        |                          |                  |            |                |                 |              |              |             |               |                                    |
| Site#                                                     | MTD/NO   | H/P    | Date In                  | Time In          | Date Out   | Time Out       | Comment         |              |              |             |               |                                    |
| 627                                                       | EF 1     | 1      | 2000/08/03               | 15:20            | 2000/08/03 | 16:00          |                 |              |              |             |               |                                    |
| C. ELECTROFISHER SPECIFICATIONS                           |          |        |                          |                  |            |                |                 |              |              |             |               |                                    |
| Site#                                                     | MTD/NO   | H/P    | Encl                     | Sec              | Lnth       | Width          | Voltage         | Frequency    | Pulse        | Make        | Model         |                                    |
| 627                                                       | EF       | 1      | 1                        | O                | 291        | 300.0          | 1.0             | 600          | 60           | 6           | SMITH<br>ROOT | 12B                                |
| FISH SUMMARY                                              |          |        |                          |                  |            |                |                 |              |              |             |               |                                    |
| Site#                                                     | MTD/NO   | H/P    | Species                  | Stage            | Age        | Total #        | Lgth (Min/Max)  | FishAct      | Comment      |             |               |                                    |
| 627                                                       | EF       | 1      | 1                        | NFC              |            | 0              |                 |              |              |             |               |                                    |





Site #627, Upstream photo of a dry intermittent channel  
Roll #7, Frame #23, Date: 2000/08/03



Site #627, Downstream photo of a dry intermittent channel  
Roll #7, Frame #22, Date: 2000/08/03



# Stream Reach/Site Summary Report

Watershed Code: 400-339200-20200-00000-0000-0000-000-000-000-000-000

Reach # 6.0 ILP Map # ILP # 6.0

| STREAM REFERENCING                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
|----------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------|-------|-------|----|--------------------|------|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------|--|
| Gazetted Name:                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Local Name: None         |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| Watershed Code: 400-339200-20200-00000-0000-0000-000-000-000-000-000                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ILP Map #:               |                                                                                                                                                                                                                                                                                                                                                                                                                                  | ILP #:                              |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| REACH                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| Reach #: 6.0                                                                                       |                                     | UTM(Zone/East/North): 9.540203.6101573                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Sample Type: R           |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| Length (km): .51                                                                                   |                                     | Gradient (%): 7.84                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | US Elev (m): 1101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          | Order: 2                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | Magnitude: 3                                                                                                                  |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| Confinement: FC                                                                                    |                                     | Coupling: PC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | Open water: P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | BGC Zone: ESSF                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| Islands: N                                                                                         |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | Riparian Veg.: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | Landuse: NO                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| SITE                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| Site #: 628                                                                                        |                                     | GIS UTM(Zone/East/North)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | Date: 2000/08/03                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | Agency: C172                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | Crew: EM/JD                                                                                                                   |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| Site Lg (m): 200                                                                                   |                                     | 9 540448 6101595                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | Ref. Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| CHANNEL                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th>Avg</th> <th>Min</th> <th>Max</th> <th>#</th> </tr> <tr> <td>Channel Width (m):</td> <td>1.59</td> <td>1.43</td> <td>1.720</td> <td>7</td> </tr> <tr> <td>Wetted Width (m):</td> <td>1.04</td> <td>0.680</td> <td>1.31</td> <td>6</td> </tr> <tr> <td>Wb Depth (m):</td> <td>0.37</td> <td>0.3</td> <td>0.4</td> <td>3</td> </tr> </table> |                                     |                                                                                                                               |                          | Avg   | Min   | Max   | #  | Channel Width (m): | 1.59 | 1.43    | 1.720                    | 7                        | Wetted Width (m):        | 1.04                     | 0.680                    | 1.31                     | 6                        | Wb Depth (m):            | 0.37                                | 0.3                                 | 0.4                                 | 3                                   |                          |                                     |                                     |                               |  |
| Avg                                                                                                | Min                                 | Max                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | #                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| Channel Width (m):                                                                                 | 1.59                                | 1.43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1.720                               | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| Wetted Width (m):                                                                                  | 1.04                                | 0.680                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1.31                                | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| Wb Depth (m):                                                                                      | 0.37                                | 0.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0.4                                 | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th>Avg %</th> <th>Min %</th> <th>Max %</th> <th>#</th> </tr> <tr> <td>Gadient %:</td> <td>2.00</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>Pool Depth (m):</td> <td>0.11</td> <td>0.070</td> <td>0.16</td> <td>6</td> </tr> </table>                                                                                                 |                                     |                                                                                                                               |                          | Avg % | Min % | Max % | #  | Gadient %:         | 2.00 | 2       | 3                        | 4                        | Pool Depth (m):          | 0.11                     | 0.070                    | 0.16                     | 6                        |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| Avg %                                                                                              | Min %                               | Max %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | #                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| Gadient %:                                                                                         | 2.00                                | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3                                   | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| Pool Depth (m):                                                                                    | 0.11                                | 0.070                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0.16                                | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                     | Temp (C): 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | pH: 6.9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | Cond.: 60                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| MORPHOLOGY                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| Bed Material: Dominant: C                                                                          |                                     | Subdom: B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| D95: 40.00                                                                                         |                                     | D (cm): 5.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>O1</td><td>B1</td><td>B2</td><td>B3</td><td>D1</td><td>D2</td><td>D3</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                               |                          | O1    | B1    | B2    | B3 | D1                 | D2   | D3      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| O1                                                                                                 | B1                                  | B2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | B3                                  | D1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D2                       | D3                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| <input type="checkbox"/>                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| Pattern: IR                                                                                        |                                     | Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | DISTURBANCE INDICATORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| Coupling: DC                                                                                       |                                     | Confinement: UN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>C1</td><td>C2</td><td>C3</td><td>C4</td><td>C5</td><td>S1</td><td>S2</td><td>S3</td><td>S4</td><td>S5</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                               |                          | C1    | C2    | C3    | C4 | C5                 | S1   | S2      | S3                       | S4                       | S5                       | <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"/> |                                     |                                     |                               |  |
| C1                                                                                                 | C2                                  | C3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | C4                                  | C5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S1                       | S2                                                                                                                                                                                                                                                                                                                                                                                                                               | S3                                  | S4                                                                                                                            | S5                       |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| <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"/> |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| Morph: RP                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| COVER                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| Total: M                                                                                           |                                     | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> <tr> <td>Amount:</td> <td>T</td> <td>T</td> <td>D</td> <td>T</td> <td>N</td> <td>S</td> <td>T</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td> </tr> </table> |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | Type:                                                                                                                         | SWD                      | LWD   | B     | U     | DP | OV                 | IV   | Amount: | T                        | T                        | D                        | T                        | N                        | S                        | T                        | Loc: P/S/O:              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | FSZ: <input type="checkbox"/> |  |
| Type:                                                                                              | SWD                                 | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | B                                   | U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DP                       | OV                                                                                                                                                                                                                                                                                                                                                                                                                               | IV                                  |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| Amount:                                                                                            | T                                   | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D                                   | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | N                        | S                                                                                                                                                                                                                                                                                                                                                                                                                                | T                                   |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| Loc: P/S/O:                                                                                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| LWD: N                                                                                             |                                     | DIST: NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | INSTREAM VEG: N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | CROWN CLOSURE                                                                                                                 |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| RB SHP: S                                                                                          |                                     | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | RIP: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | STG: MF                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| LB SHP: S                                                                                          |                                     | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | RIP: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | STG: MF                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| FISH                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| Site Number                                                                                        | Capture Method                      | Number of Events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Total Length (m)                    | Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Voltage                  | Species                                                                                                                                                                                                                                                                                                                                                                                                                          | Total Fish                          | Minimum Length (mm)                                                                                                           | Maximum Length (mm)      |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |
| 628                                                                                                | EF                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 200                                 | 136 sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 600                      | NFC                                                                                                                                                                                                                                                                                                                                                                                                                              | 0                                   |                                                                                                                               |                          |       |       |       |    |                    |      |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                          |                                     |                                     |                               |  |



## FDIS Site Card

**Watershed Code:** 400-339200-20200-00000-0000-0000-000-000-000-000-000-000

| Reach # | ILP Map # | ILP # | Site |
|---------|-----------|-------|------|
| 6.0     |           |       | 628  |

|                                                                                                                                                                                                                                                           |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------|--|----------------------------------------------------------------------------------------------------|------------|--------------------------------------|-----------------------------------------------------------------------------|---------|-----|--|
| PROJECT                                                                                                                                                                                                                                                   |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                                                                                    |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                                                                                          |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      | Project Code: 3476 |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Project Watershed Code: 400-000000-00000-00000-0000-000-000-000-000-000                                                                                                                                                                                   |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| WATERSHED                                                                                                                                                                                                                                                 |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Gazetted Name:                                                                                                                                                                                                                                            |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      | Local Name: None   |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Watershed Code: 400-339200-20200-00000-00000-0000-000-000-000-000-000                                                                                                                                                                                     |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| ILP Map#:                                                                                                                                                                                                                                                 |  |                                     | ILP #:                   |                                     |                          | NID Map #: 103P.009      |                                     |                          | NID #: 60028                                                                                                                         |                    |  | Reach #: 6.0                                                                                       |            | Site #: 628                          |                                                                             |         |     |  |
| Field UTM(Zone/East/North/Method)                                                                                                                                                                                                                         |  |                                     |                          |                                     | GIS UTM(Zone/East/North) |                          |                                     |                          |                                                                                                                                      | Site Lg: 200       |  |                                                                                                    | Method: HC |                                      | Access: H                                                                   |         |     |  |
|                                                                                                                                                                                                                                                           |  |                                     |                          |                                     | 9 540448 6101595         |                          |                                     |                          |                                                                                                                                      | Ref. Name:         |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Date: 2000/08/03                                                                                                                                                                                                                                          |  |                                     | Time: 16:10              |                                     |                          | Agency: C172             |                                     |                          | Crew: EM/JD                                                                                                                          |                    |  | Fish Crd?: <input checked="" type="checkbox"/>                                                     |            | Incomplete: <input type="checkbox"/> |                                                                             |         |     |  |
| CHANNEL                                                                                                                                                                                                                                                   |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
|                                                                                                                                                                                                                                                           |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    | Gadient %  |                                      | Mtd                                                                         |         | Avg |  |
| Channel Width (m):                                                                                                                                                                                                                                        |  | T                                   | 1.61                     | 1.72                                | 1.43                     | 1.65                     | 1.72                                | 1.46                     | 1.51                                                                                                                                 |                    |  |                                                                                                    | 1.59       | Method I: 2.0 3.0                    |                                                                             | AL 2.00 |     |  |
| Wetted Width (m):                                                                                                                                                                                                                                         |  | T                                   | 1.16                     | 1.21                                | 1.00                     | 1.31                     | 0.68                                | 0.91                     |                                                                                                                                      |                    |  |                                                                                                    | 1.04       | Method II: 2.0 1.0                   |                                                                             | AL      |     |  |
| Pool Depth (m):                                                                                                                                                                                                                                           |  | MS                                  | 0.11                     | 0.13                                | 0.10                     | 0.09                     | 0.07                                | 0.16                     |                                                                                                                                      |                    |  |                                                                                                    | 0.11       |                                      |                                                                             |         |     |  |
| Wb Depth:                                                                                                                                                                                                                                                 |  |                                     | .3                       | .4                                  | .4                       | Avg: 0.37                |                                     |                          | Method: MS                                                                                                                           |                    |  | Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |            |                                      | No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/> |         |     |  |
|                                                                                                                                                                                                                                                           |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      | Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>               |         |     |  |
| COVER                                                                                                                                                                                                                                                     |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Total: M                                                                                                                                                                                                                                                  |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Type:                                                                                                                                                                                                                                                     |  | SWD                                 | LWD                      | B                                   | U                        | DP                       | OV                                  | IV                       | CROWN CLOSURE                                                                                                                        |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Amount:                                                                                                                                                                                                                                                   |  | T                                   | T                        | D                                   | T                        | N                        | S                                   | T                        | 1 1-20%                                                                                                                              |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Loc: P/S/O:                                                                                                                                                                                                                                               |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | INSTREAM VEG: N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input type="checkbox"/> |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| LWD: N DIST: NA                                                                                                                                                                                                                                           |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| LB SHP: S                                                                                                                                                                                                                                                 |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                     |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| RIP: C                                                                                                                                                                                                                                                    |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| STG: MF                                                                                                                                                                                                                                                   |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| RB SHP: S                                                                                                                                                                                                                                                 |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                     |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| RIP: C                                                                                                                                                                                                                                                    |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| STG: MF                                                                                                                                                                                                                                                   |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| WATER                                                                                                                                                                                                                                                     |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| EMS:                                                                                                                                                                                                                                                      |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Temp: 16                                                                                                                                                                                                                                                  |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| pH: 6.9                                                                                                                                                                                                                                                   |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Flood Signs: NONE                                                                                                                                                                                                                                         |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Method: T3                                                                                                                                                                                                                                                |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Method: P2                                                                                                                                                                                                                                                |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Method: GE                                                                                                                                                                                                                                                |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Req #:                                                                                                                                                                                                                                                    |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Cond.: 60                                                                                                                                                                                                                                                 |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C                                                                                                                             |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Method: S4                                                                                                                                                                                                                                                |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Method: GE                                                                                                                                                                                                                                                |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| MORPHOLOGY                                                                                                                                                                                                                                                |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Bed Material: Dominant: C Subdom: B                                                                                                                                                                                                                       |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| D95: 40.0 D (cm): 5.00 Morph: RP                                                                                                                                                                                                                          |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Pattern: IR                                                                                                                                                                                                                                               |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Islands: N                                                                                                                                                                                                                                                |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Coupling: DC                                                                                                                                                                                                                                              |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Confinement: UN                                                                                                                                                                                                                                           |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| FSZ <input type="checkbox"/>                                                                                                                                                                                                                              |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                                                                                      |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                            |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| DISTURBANCE INDICATORS                                                                                                                                                                                                                                    |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                                                                             |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| <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"/> |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                            |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| HABITAT QUALITY                                                                                                                                                                                                                                           |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Name                                                                                                                                                                                                                                                      |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Comments                                                                                                                                                                                                                                                  |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| OverWinter Habitat                                                                                                                                                                                                                                        |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| No overwintering habitat                                                                                                                                                                                                                                  |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Spawning Habitat                                                                                                                                                                                                                                          |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Poor spawning habitat-substrates too large, low flows                                                                                                                                                                                                     |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Rearing Habitat                                                                                                                                                                                                                                           |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Poor rearing habitat-shallow, low flows, limited pools and cover                                                                                                                                                                                          |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| PHOTOS                                                                                                                                                                                                                                                    |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Photo                                                                                                                                                                                                                                                     |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Foc Lg                                                                                                                                                                                                                                                    |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Dir                                                                                                                                                                                                                                                       |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Comments                                                                                                                                                                                                                                                  |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| R: 7 F: 24 STD U Upstream photo of representative habitat                                                                                                                                                                                                 |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| R: 7 F: 25 STD D Downstream photo of representative habitat                                                                                                                                                                                               |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| COMMENTS                                                                                                                                                                                                                                                  |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Section                                                                                                                                                                                                                                                   |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |
| Comments                                                                                                                                                                                                                                                  |  |                                     |                          |                                     |                          |                          |                                     |                          |                                                                                                                                      |                    |  |                                                                                                    |            |                                      |                                                                             |         |     |  |

## FDIS Site Card

Watershed Code: 400-339200-20200-00000-0000-0000-000-000-000-000-000

| Section | Reach # | ILP Map # | ILP # | Site |
|---------|---------|-----------|-------|------|
|         | 6.0     |           |       | 628  |

| Section   | Comments                                                                               |
|-----------|----------------------------------------------------------------------------------------|
| SITE CARD | 30511                                                                                  |
| CHANNEL   | Gradient downstream along with a barrier prevent upstream fish migration to this reach |
| CHANNEL   | S6 Stream                                                                              |



# FDIS Fish Form

Reach # ILP Map # ILP #

Watershed Code: 400-339200-20200-00000-0000-0000-000-000-000-000-000

6.0

| WATERBODY                                                     |          |       |                          |                |                  |          |                |                 |              |             |               |     |
|---------------------------------------------------------------|----------|-------|--------------------------|----------------|------------------|----------|----------------|-----------------|--------------|-------------|---------------|-----|
| Gazetted Name:                                                |          |       |                          |                |                  |          |                |                 |              | Local: None |               |     |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-0   |          |       |                          |                |                  |          |                |                 |              |             |               |     |
| WS Code: 400-339200-20200-00000-0000-0000-000-000-000-000-000 |          |       |                          |                |                  |          |                |                 |              |             |               |     |
| Waterbody ID:                                                 |          |       |                          | ILP Map #:     |                  |          |                | ILP #:          |              | Reach #:    |               | 6 - |
| Project ID: 3476                                              |          |       |                          | Lake/Stream: S |                  |          |                | Lake From Date: |              |             |               |     |
| Fish Permit #:                                                |          |       | 25350K                   |                | Date: 2000/08/03 |          | To: 2000/08/03 |                 | Agency: C172 |             | Crew: EM/JD   |     |
| Resample: <input type="checkbox"/>                            |          |       |                          |                |                  |          |                |                 |              |             |               |     |
| SITE / METHOD                                                 |          |       |                          |                |                  |          |                |                 |              |             |               |     |
| Site#                                                         | NID Map  | NID # | UTM:Zone/East/North/Mthd |                |                  | MTD/NO   | Temp           | Cond            | Turbid       | Comment     |               |     |
| 628                                                           | 103P.009 | 60028 |                          |                |                  | EF 1     | 16             | 60              | C            |             |               |     |
| A. GEAR SETTINGS                                              |          |       |                          |                |                  |          |                |                 |              |             |               |     |
| Site#                                                         | MTD/NO   | H/P   | Date In                  | Time In        | Date Out         | Time Out | Comment        |                 |              |             |               |     |
| 628                                                           | EF       | 1     | 2000/08/03               | 16:10          | 2000/08/03       | 16:40    |                |                 |              |             |               |     |
| C. ELECTROFISHER SPECIFICATIONS                               |          |       |                          |                |                  |          |                |                 |              |             |               |     |
| Site#                                                         | MTD/NO   | H/P   | Encl                     | Sec            | Lnth             | Wdth     | Voltage        | Frequency       | Pulse        | Make        | Model         |     |
| 628                                                           | EF       | 1     | 1                        | O              | 136              | 200.0    | 1.0            | 600             | 60           | 6           | SMITH<br>ROOT | 12B |
| FISH SUMMARY                                                  |          |       |                          |                |                  |          |                |                 |              |             |               |     |
| Site#                                                         | MTD/NO   | H/P   | Species                  | Stage          | Age              | Total #  | Lgth (Min/Max) | FishAct         | Comment      |             |               |     |
| 628                                                           | EF       | 1     | 1                        | NFC            |                  | 0        |                |                 |              |             |               |     |



Site #628, Downstream photo of representative habitat  
Roll #7, Frame #25, Date: 2000/08/03



Site #628, Upstream photo of representative habitat  
Roll #7, Frame #24, Date: 2000/08/03



## Stream Reach/Site Summary Report

Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000-000

| Reach # | ILP Map # | ILP # |
|---------|-----------|-------|
| 1.0     | 103P.020  | 11066 |

| <b>STREAM REFERENCING</b>                                                                                 |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|------|-------|-------|----|-------------------|------|---------|---|---|---------------|------|-----|-----|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------|------|-----|---|---|-----------------|------|------|-------|---|
| <b>Gazetted Name:</b>                                                                                     |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Local Name:</b> None                                                    |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| <b>Watershed Code:</b> 000-000000-00000-00000-0000-000-000-000-000-000                                    |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>ILP Map #:</b> 103P.020                                                 |                                                                                       | <b>ILP #:</b> 11066                                                                   |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| <b>REACH</b>                                                                                              |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| <b>Reach #:</b> 1.0                                                                                       | <b>UTM(Zone/East/North):</b> 9.556553.6112966                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Sample Type:</b> R                                                      |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| <b>Length (km):</b> 1.14                                                                                  | <b>Gradient (%):</b> 5.18                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>US Elev (m):</b> 497                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Order:</b> 1                                                            |                                                                                       | <b>Magnitude:</b> 1                                                                   |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| <b>Confinement:</b> OC                                                                                    | <b>Coupling:</b> DC                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Open water:</b> P                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>BGC Zone:</b> ICH                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| <b>Islands:</b> N                                                                                         | <b>Bars:</b> <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Riparian Veg.:</b> M                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Landuse:</b> FR                                                         |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| <b>SITE</b>                                                                                               |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| <b>Site #:</b> 629                                                                                        | <b>GIS UTM(Zone/East/North)</b><br>9 : 557293 : 6113048                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Date:</b> 2000/08/04                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Agency:</b> C172                                                        |                                                                                       | <b>Crew:</b> EM/JD                                                                    |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| <b>Site Lg (m):</b> 200                                                                                   |                                                                                                                                                                                                       | <b>Ref. Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| <b>CHANNEL</b>                                                                                            |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| <b>No Vis.Ch.:</b> <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                                                                                                                                                                                                       | <table border="1" style="float:right; width:150px;"> <tr> <th>Avg</th> <th>Min</th> <th>Max</th> <th>#</th> </tr> <tr> <td>Channel Width (m):</td> <td>1.04</td> <td>0.610</td> <td>1.360</td> <td>6</td> </tr> <tr> <td>Wetted Width (m):</td> <td>0.72</td> <td>0.360</td> <td>1</td> <td>6</td> </tr> <tr> <td>Wb Depth (m):</td> <td>0.20</td> <td>0.2</td> <td>0.2</td> <td>3</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            | Avg                                                                                   | Min                                                                                   | Max                                                                                                                                  | #                          | Channel Width (m): | 1.04 | 0.610 | 1.360 | 6  | Wetted Width (m): | 0.72 | 0.360   | 1 | 6 | Wb Depth (m): | 0.20 | 0.2 | 0.2 | 3 | <table border="1" style="float:right; width:150px;"> <tr> <th>Avg %</th> <th>Min %</th> <th>Max %</th> <th>#</th> </tr> <tr> <td>Gadient %:</td> <td>0.88</td> <td>0.5</td> <td>1</td> <td>4</td> </tr> <tr> <td>Pool Depth (m):</td> <td>0.08</td> <td>0.06</td> <td>0.100</td> <td>6</td> </tr> </table> |                                                                                       |                                                                                       |                                                                            | Avg %                                                                                 | Min %                                                                      | Max %                                                                                 | #                                                                                     | Gadient %:                           | 0.88 | 0.5 | 1 | 4 | Pool Depth (m): | 0.08 | 0.06 | 0.100 | 6 |
| Avg                                                                                                       | Min                                                                                                                                                                                                   | Max                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | #                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| Channel Width (m):                                                                                        | 1.04                                                                                                                                                                                                  | 0.610                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1.360                                                                      | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| Wetted Width (m):                                                                                         | 0.72                                                                                                                                                                                                  | 0.360                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1                                                                          | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| Wb Depth (m):                                                                                             | 0.20                                                                                                                                                                                                  | 0.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0.2                                                                        | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| Avg %                                                                                                     | Min %                                                                                                                                                                                                 | Max %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | #                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| Gadient %:                                                                                                | 0.88                                                                                                                                                                                                  | 0.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1                                                                          | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| Pool Depth (m):                                                                                           | 0.08                                                                                                                                                                                                  | 0.06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0.100                                                                      | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| <b>Dw:</b> <input type="checkbox"/>                                                                       | <b>Tribs.:</b> <input type="checkbox"/>                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| <b>Stage:</b> L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                                                                                                                                                                                       | <b>Temp (C):</b> 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            | <b>pH:</b> 6.8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | <b>Cond.:</b> 70                                                                      |                                                                                       | <b>Turb.:</b> <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| <b>MORPHOLOGY</b>                                                                                         |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| <b>Bed Material:</b> Dominant: F<br>D95: 1.00<br>Pattern: IR<br>Coupling: DC<br>Morph: RP                 |                                                                                                                                                                                                       | Subdom: NA<br>D (cm): 1.00<br>Islands: N<br>Confinement: UN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            | <b>Bars:</b> <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR<br><br>O1 B1 B2 B3 D1 D2 D3<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>C1 C2 C3 C4 C5 S1 S2 S3 S4 S5<br><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"/> |                                                                            |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| <b>COVER</b>                                                                                              |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| <b>Total:</b> A                                                                                           |                                                                                                                                                                                                       | <table border="1" style="width:100%;"> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> <tr> <td>Amount:</td> <td>T</td> <td>T</td> <td>N</td> <td>T</td> <td>N</td> <td>D</td> <td>S</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> </table> |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                                                                      | Type:                      | SWD                | LWD  | B     | U     | DP | OV                | IV   | Amount: | T | T | N             | T    | N   | D   | S | Loc: P/S/O:                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <b>FSZ:</b> <input type="checkbox"/> |      |     |   |   |                 |      |      |       |   |
| Type:                                                                                                     | SWD                                                                                                                                                                                                   | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | B                                                                          | U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DP                                                                         | OV                                                                                    | IV                                                                                    |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| Amount:                                                                                                   | T                                                                                                                                                                                                     | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | N                                                                          | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | N                                                                          | D                                                                                     | S                                                                                     |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| Loc: P/S/O:                                                                                               | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                 | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| <b>LWD:</b> N                                                                                             |                                                                                                                                                                                                       | <b>DIST:</b> NA <b>INSTREAM VEG:</b> N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| <b>RB SHP:</b> S                                                                                          |                                                                                                                                                                                                       | <b>Texture:</b> <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <b>RIP:</b> S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            | <b>STG:</b> SHR                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| <b>LB SHP:</b> S                                                                                          |                                                                                                                                                                                                       | <b>Texture:</b> <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <b>RIP:</b> S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            | <b>STG:</b> SHR                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| <b>FISH</b>                                                                                               |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                                       |                                                                                       |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| <b>Site Number</b>                                                                                        | <b>Capture Method</b>                                                                                                                                                                                 | <b>Number of Events</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Total Length (m)</b>                                                    | <b>Total Time</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Voltage</b>                                                             | <b>Species</b>                                                                        | <b>Total Fish</b>                                                                     | <b>Minimum Length (mm)</b>                                                                                                           | <b>Maximum Length (mm)</b> |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |
| 629                                                                                                       | EF                                                                                                                                                                                                    | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 200                                                                        | 98 sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 600                                                                        | NFC                                                                                   | 0                                                                                     |                                                                                                                                      |                            |                    |      |       |       |    |                   |      |         |   |   |               |      |     |     |   |                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                      |      |     |   |   |                 |      |      |       |   |

## FDIS Site Card

**Watershed Code:** 000-000000-00000-00000-0000-0000-000-000-000-000-000-000-000

| Reach # | ILP Map # | ILP # | Site |
|---------|-----------|-------|------|
| 1.0     | 103P.020  | 11066 | 629  |

| PROJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                   |                          |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
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| <div style="display: flex; justify-content: space-between;"> <div> <b>Project Name:</b> Mill Area 1:20K Stream Inventory Project<br/> <b>Stream Name (gaz.):</b> SKEENA RIVER<br/> <b>Project Watershed Code:</b> 400-000000-00000-00000-0000-0000-000-000-000-000-000 </div> <div> <b>Project Code:</b> 3476 </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                   |                          |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| WATERSHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                   |                          |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| <b>Gazetted Name:</b> _____ <b>Local Name:</b> None<br><b>Watershed Code:</b> 000-000000-00000-00000-0000-0000-000-000-000-000-000<br><div style="display: flex; justify-content: space-between;"> <b>ILP Map#:</b> 103P.020 <b>ILP #:</b> 11066 <b>NID Map #:</b> 103P.020 <b>NID #:</b> 60029 <b>Reach #:</b> 1.0 <b>Site #:</b> 629 </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                   |                          |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| <b>Field UTM(Zone/East/North/Method)</b><br><div style="border: 1px solid black; padding: 2px;"> 9    557293    6113048 </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                   |                          | <b>GIS UTM(Zone/East/North)</b><br><div style="border: 1px solid black; padding: 2px;"> 9    557293    6113048 </div> |                          |                          | <b>Site Lg:</b> 200<br><b>Ref. Name:</b> _____ |                          |                          | <b>Method:</b> HC <b>Access:</b> H |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| <b>Date:</b> 2000/08/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                   |                          | <b>Time:</b> 08:20                                                                                                    |                          |                          | <b>Agency:</b> C172                            |                          |                          | <b>Crew:</b> EM/JD                 |                          |                          | <b>Fish Crd?:</b> <input checked="" type="checkbox"/> <b>Incomplete:</b> <input type="checkbox"/>                                                                        |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| CHANNEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                   |                          |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| <table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th></th> <th>Mtd</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Channel Width (m):</td> <td>MS</td> <td>1.10</td> <td>0.61</td> <td>1.17</td> <td>1.09</td> <td>1.36</td> <td>0.91</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1.04</td> </tr> <tr> <td>Wetted Width (m):</td> <td>MS</td> <td>0.36</td> <td>0.48</td> <td>1.00</td> <td>0.93</td> <td>0.71</td> <td>0.86</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.72</td> </tr> <tr> <td>Pool Depth (m):</td> <td>MS</td> <td>0.06</td> <td>0.08</td> <td>0.09</td> <td>0.07</td> <td>0.08</td> <td>0.10</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.08</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                   |                          |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          | Mtd                      | width                    | width                    | width              | width                    | width            | width                                              | width           | width                                                                                                                             | width      | width | width | Avg                                     | Channel Width (m): | MS | 1.10 | 0.61 | 1.17 | 1.09                     | 1.36                     | 0.91                     |                          |                          |                          |                          |                          | 1.04                     | Wetted Width (m):        | MS                       | 0.36                     | 0.48                     | 1.00                     | 0.93                     | 0.71                     | 0.86                     |  |  |  |  |  | 0.72 | Pool Depth (m): | MS | 0.06 | 0.08 | 0.09 | 0.07 | 0.08 | 0.10 |  |  |  |  |  | 0.08 | <table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th></th> <th>Gadient %</th> <th>Mtd</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Method I:</td> <td>1.0 0.5</td> <td>AL</td> <td>0.88</td> </tr> <tr> <td>Method II:</td> <td>1.0 1.0</td> <td>AL</td> <td></td> </tr> </tbody> </table> |  |  | Gadient % | Mtd | Avg | Method I: | 1.0 0.5 | AL | 0.88 | Method II: | 1.0 1.0 | AL |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Mtd                                                                                                                               | width                    | width                                                                                                                 | width                    | width                    | width                                          | width                    | width                    | width                              | width                    | width                    | width                                                                                                                                                                    | Avg                      |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Channel Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MS                                                                                                                                | 1.10                     | 0.61                                                                                                                  | 1.17                     | 1.09                     | 1.36                                           | 0.91                     |                          |                                    |                          |                          |                                                                                                                                                                          | 1.04                     |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Wetted Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MS                                                                                                                                | 0.36                     | 0.48                                                                                                                  | 1.00                     | 0.93                     | 0.71                                           | 0.86                     |                          |                                    |                          |                          |                                                                                                                                                                          | 0.72                     |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Pool Depth (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MS                                                                                                                                | 0.06                     | 0.08                                                                                                                  | 0.09                     | 0.07                     | 0.08                                           | 0.10                     |                          |                                    |                          |                          |                                                                                                                                                                          | 0.08                     |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Gadient %                                                                                                                         | Mtd                      | Avg                                                                                                                   |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Method I:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1.0 0.5                                                                                                                           | AL                       | 0.88                                                                                                                  |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Method II:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1.0 1.0                                                                                                                           | AL                       |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| <b>Wb Depth:</b> .2    .2    .2    Avg: 0.20    Method: MS    Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                   |                          |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          | <b>No Vis.Ch.:</b> <input type="checkbox"/> <b>Intermittent:</b> <input type="checkbox"/><br><b>Dw:</b> <input type="checkbox"/> <b>Tribs.:</b> <input type="checkbox"/> |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| COVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |                          |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>Type:</b> SWD LWD B U DP OV IV<br/> <b>Amount:</b> T T N T N D S<br/> <b>Loc: P/S/O:</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <b>Total:</b> A<br/> <b>LWD:</b> N    <b>DIST:</b> NA<br/> <b>LB SHP:</b> S<br/> <b>Texture:</b> <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A<br/> <b>RIP:</b> S    <b>STG:</b> SHR </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |                          |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| CROWN CLOSURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                   |                          |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| 2    21-40%<br><b>INSTREAM VEG:</b> N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |                          |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |                          |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>EMS:</b><br/> <b>Temp:</b> 12    <b>Method:</b> T3<br/> <b>pH:</b> 6.8    <b>Method:</b> P2<br/> <b>Flood Signs:</b> NONE    <b>Method:</b> GE </div> <div> <b>Req #:</b> _____<br/> <b>Cond.:</b> 70<br/> <b>Turb.:</b> <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C </div> <div> <b>Method:</b> S4<br/> <b>Method:</b> GE </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                   |                          |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| MORPHOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                   |                          |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>Bed Material:</b> Dominant: F    Subdom: NA<br/> <b>D95:</b> 1.00    <b>D (cm):</b> 1.00    <b>Morph:</b> RP<br/> <b>Pattern:</b> IR<br/> <b>Islands:</b> N<br/> <b>Coupling:</b> DC<br/> <b>Confinement:</b> UN<br/> <b>FSZ:</b> <input type="checkbox"/> </div> <div> <b>DISTURBANCE INDICATORS</b><br/> <table style="width:100%; text-align: center;"> <tr> <td>O1</td><td>B1</td><td>B2</td><td>B3</td><td>D1</td><td>D2</td><td>D3</td> <td>C1</td><td>C2</td><td>C3</td><td>C4</td><td>C5</td><td>S1</td><td>S2</td><td>S3</td><td>S4</td><td>S5</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> </div> <div> <b>Bars:</b> <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR </div> </div> |                                                                                                                                   |                          |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          | O1                       | B1                       | B2                 | B3                       | D1               | D2                                                 | D3              | C1                                                                                                                                | C2         | C3    | C4    | C5                                      | S1                 | S2 | S3   | S4   | S5   | <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"/> |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| O1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | B1                                                                                                                                | B2                       | B3                                                                                                                    | D1                       | D2                       | D3                                             | C1                       | C2                       | C3                                 | C4                       | C5                       | S1                                                                                                                                                                       | S2                       | S3                       | S4                       | S5                       |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| <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"/> |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| HABITAT QUALITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                   |                          |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>OverWinter Habitat</td> <td>No overwintering habitat</td> </tr> <tr> <td>Spawning Habitat</td> <td>No spawning habitat-100 % fines and standing water</td> </tr> <tr> <td>Rearing Habitat</td> <td>No rearing habitat-isolated pools of standing water, 100 % fines, shallow depths, vegetated channel, NVC through upstream wetland</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                   |                          |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          | Name                     | Comments                 | OverWinter Habitat | No overwintering habitat | Spawning Habitat | No spawning habitat-100 % fines and standing water | Rearing Habitat | No rearing habitat-isolated pools of standing water, 100 % fines, shallow depths, vegetated channel, NVC through upstream wetland |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Comments                                                                                                                          |                          |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| OverWinter Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | No overwintering habitat                                                                                                          |                          |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Spawning Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | No spawning habitat-100 % fines and standing water                                                                                |                          |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Rearing Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | No rearing habitat-isolated pools of standing water, 100 % fines, shallow depths, vegetated channel, NVC through upstream wetland |                          |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| PHOTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                   |                          |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
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| Photo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Foc Lg                                                                                                                            | Dir                      | Comments                                                                                                              |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| R: 12 F: 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STD                                                                                                                               | U                        | Upstream photo of the discontinuous channel                                                                           |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| R: 12 F: 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STD                                                                                                                               | D                        | Downstream photo of a vegetated channel                                                                               |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                          |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
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| Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Comments                                                                                                                          |                          |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                   |                          |                                                                                                                       |                          |                          |                                                |                          |                          |                                    |                          |                          |                                                                                                                                                                          |                          |                          |                          |                          |                    |                          |                  |                                                    |                 |                                                                                                                                   |            |       |       |                                         |                    |    |      |      |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                 |  |  |           |     |     |           |         |    |      |            |         |    |  |



FDIS Site Card

|                                                                     |                                                                                                        | Reach # | ILP Map # | ILP # | Site |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------|-----------|-------|------|
| Watershed Code: 000-000000-00000-00000-0000-000-000-000-000-000-000 |                                                                                                        | 1.0     | 103P.020  | 11066 | 629  |
| Section                                                             | Comments                                                                                               |         |           |       |      |
| SITE CARD                                                           | Fish form 30510                                                                                        |         |           |       |      |
| CHANNEL                                                             | Barely a definable stream by FPC standards. Poorly defined channel with no habitat available for fish. |         |           |       |      |
| CHANNEL                                                             | S6 Stream                                                                                              |         |           |       |      |

## FDIS Fish Form

Watershed Code:

000-000000-00000-00000-0000-0000-000-0000-000-000-000-000-000-000

Reach #

ILP Map #

ILP #

1.0

103P.020

11066

| WATERBODY                                                       |          |        |                          |                     |          |                |                |                 |              |             |               |                                    |  |
|-----------------------------------------------------------------|----------|--------|--------------------------|---------------------|----------|----------------|----------------|-----------------|--------------|-------------|---------------|------------------------------------|--|
| Gazetted Name:                                                  |          |        |                          |                     |          |                | Local: None    |                 |              |             |               |                                    |  |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-000-0 |          |        |                          |                     |          |                |                |                 |              |             |               |                                    |  |
| WS Code: 000-000000-00000-00000-0000-000-000-000-000-000-000    |          |        |                          |                     |          |                |                |                 |              |             |               |                                    |  |
| Waterbody ID:                                                   |          |        |                          | ILP Map #: 103P.020 |          |                | ILP #: 11066   |                 | Reach #: 1 - |             |               |                                    |  |
| Project ID: 3476                                                |          |        |                          | Lake/Stream: S      |          |                |                | Lake From Date: |              |             |               |                                    |  |
| Fish Permit #:                                                  |          | 25350K |                          | Date: 2000/08/04    |          | To: 2000/08/04 |                | Agency: C172    |              | Crew: EM/JD |               | Resample: <input type="checkbox"/> |  |
| SITE / METHOD                                                   |          |        |                          |                     |          |                |                |                 |              |             |               |                                    |  |
| Site#                                                           | NID Map  | NID #  | UTM:Zone/East/North/Mthd |                     |          | MTD/NO         | Temp           | Cond            | Turbid       | Comment     |               |                                    |  |
| 629                                                             | 103P.020 | 60029  |                          |                     |          | EF             | 1              | 12              | 70           | C           |               |                                    |  |
| A. GEAR SETTINGS                                                |          |        |                          |                     |          |                |                |                 |              |             |               |                                    |  |
| Site#                                                           | MTD/NO   | H/P    | Date In                  | Time In             | Date Out | Time Out       | Comment        |                 |              |             |               |                                    |  |
| 629                                                             | EF       | 1      | 1                        | 2000/08/04          | 08:20    | 2000/08/04     | 09:00          |                 |              |             |               |                                    |  |
| C. ELECTROFISHER SPECIFICATIONS                                 |          |        |                          |                     |          |                |                |                 |              |             |               |                                    |  |
| Site#                                                           | MTD/NO   | H/P    | Encl                     | Sec                 | Lnth     | Wdth           | Voltage        | Frequency       | Pulse        | Make        | Model         |                                    |  |
| 629                                                             | EF       | 1      | 1                        | O                   | 98       | 200.0          | 0.8            | 600             | 60           | 6           | SMITH<br>ROOT | 12B                                |  |
| FISH SUMMARY                                                    |          |        |                          |                     |          |                |                |                 |              |             |               |                                    |  |
| Site#                                                           | MTD/NO   | H/P    | Species                  | Stage               | Age      | Total #        | Lgth (Min/Max) | FishAct         | Comment      |             |               |                                    |  |
| 629                                                             | EF       | 1      | 1                        | NFC                 |          | 0              |                |                 |              |             |               |                                    |  |





Site #629, Upstream photo of the discontinuous channel  
Roll #12, Frame #1, Date: 2000/08/04



Site #629, Downstream photo of a vegetated channel  
Roll #12, Frame #2, Date: 2000/08/04



# Stream Reach/Site Summary Report

Watershed Code: 000-000000-00000-00000-0000-000-000-000-000-000-000

Reach # 1.0 ILP Map # 103P.020 ILP # 11085

| STREAM REFERENCING                                                                                 |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |                  |                          |                |                                                                                                                               |                     |                                  |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
|----------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------|-------------|-------------------------------------|------------------------------|-------------------------------------|---------|--------------------------|--|-------------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|
| Gazetted Name:                                                                                     |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |                  |                          |                |                                                                                                                               |                     | Local Name: None                 |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
| Watershed Code: 000-000000-00000-00000-0000-000-000-000-000-000-000                                |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |                  |                          |                |                                                                                                                               |                     | ILP Map #: 103P.020 ILP #: 11085 |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
| REACH                                                                                              |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |                  |                          |                |                                                                                                                               |                     |                                  |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
| Reach #: 1.0                                                                                       |                | UTM(Zone/East/North): 9.552374.6113517                                                                                                                                                         |                  |                                                                                                                                                                                                |                  |                          | Sample Type: R |                                                                                                                               |                     |                                  |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
| Length (km): .74                                                                                   |                | Gradient (%): 17.43                                                                                                                                                                            |                  | US Elev (m): 1126                                                                                                                                                                              |                  |                          | Order: 2       |                                                                                                                               |                     | Magnitude: 6                     |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
| Confinement: FC                                                                                    |                | Coupling: PC                                                                                                                                                                                   |                  | Open water: A                                                                                                                                                                                  |                  |                          | BGC Zone: ESSF |                                                                                                                               |                     | Landuse: NO                      |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
| Islands: N                                                                                         |                | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                  | Riparian Veg.: M                                                                                                                                                                               |                  |                          |                |                                                                                                                               |                     |                                  |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
| SITE                                                                                               |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |                  |                          |                |                                                                                                                               |                     |                                  |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
| Site #: 630                                                                                        |                | GIS UTM(Zone/East/North)<br>9 552668 6113630                                                                                                                                                   |                  |                                                                                                                                                                                                | Date: 2000/08/04 |                          |                | Agency: C172                                                                                                                  |                     |                                  | Crew: EM/JD |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
| Site Lg (m): 300                                                                                   |                | Ref. Name:                                                                                                                                                                                     |                  |                                                                                                                                                                                                |                  |                          |                |                                                                                                                               |                     |                                  |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
| CHANNEL                                                                                            |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |                  |                          |                |                                                                                                                               |                     |                                  |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |                  | Avg                      |                | Min                                                                                                                           |                     | Max                              |             | #                                   |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                      |                | Channel Width (m):                                                                                                                                                                             |                  | 2.20                                                                                                                                                                                           |                  | 1.9                      |                | 2.51                                                                                                                          |                     | 6                                |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
|                                                                                                    |                | Wetted Width (m):                                                                                                                                                                              |                  | 1.71                                                                                                                                                                                           |                  | 1.360                    |                | 1.940                                                                                                                         |                     | 6                                |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
|                                                                                                    |                | Wb Depth (m):                                                                                                                                                                                  |                  | 0.67                                                                                                                                                                                           |                  | 0.6                      |                | 0.7                                                                                                                           |                     | 3                                |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
|                                                                                                    |                | Gadient %:                                                                                                                                                                                     |                  | 6.75                                                                                                                                                                                           |                  | 6                        |                | 8                                                                                                                             |                     | 4                                |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
|                                                                                                    |                | Pool Depth (m):                                                                                                                                                                                |                  | 0.40                                                                                                                                                                                           |                  | 0.29                     |                | 0.610                                                                                                                         |                     | 6                                |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
| Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |                | Temp (C): 7                                                                                                                                                                                    |                  | pH: 7.2                                                                                                                                                                                        |                  | Cond.: 60                |                | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                     |                                  |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
| MORPHOLOGY                                                                                         |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |                  |                          |                |                                                                                                                               |                     |                                  |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
| Bed Material: Dominant: C                                                                          |                | Subdom: B                                                                                                                                                                                      |                  | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                  |                          |                |                                                                                                                               |                     |                                  |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
| D95: 60.00                                                                                         |                | D (cm): 30.00                                                                                                                                                                                  |                  |                                                                                                                                                                                                |                  | O1                       |                | B1                                                                                                                            |                     | B2                               |             | B3                                  |                              | D1                                  |         | D2                       |  | D3                            |  |                          |  |                          |  |                          |  |
| Pattern: SI                                                                                        |                | Islands: N                                                                                                                                                                                     |                  |                                                                                                                                                                                                |                  | <input type="checkbox"/> |                | <input type="checkbox"/>                                                                                                      |                     | <input type="checkbox"/>         |             | <input type="checkbox"/>            |                              | <input type="checkbox"/>            |         | <input type="checkbox"/> |  | <input type="checkbox"/>      |  |                          |  |                          |  |                          |  |
| Coupling: PC                                                                                       |                | Confinement: FC                                                                                                                                                                                |                  | DISTURBANCE INDICATORS                                                                                                                                                                         |                  | C1                       |                | C2                                                                                                                            |                     | C3                               |             | C4                                  |                              | C5                                  |         | S1                       |  | S2                            |  | S3                       |  | S4                       |  | S5                       |  |
| Morph: CP                                                                                          |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |                  | <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"/> |  |
| COVER                                                                                              |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |                  |                          |                |                                                                                                                               |                     |                                  |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
| Total: A                                                                                           |                | Type:                                                                                                                                                                                          |                  | SWD                                                                                                                                                                                            |                  | LWD                      |                | B                                                                                                                             |                     | U                                |             | DP                                  |                              | OV                                  |         | IV                       |  | FSZ: <input type="checkbox"/> |  |                          |  |                          |  |                          |  |
|                                                                                                    |                | Amount:                                                                                                                                                                                        |                  | N                                                                                                                                                                                              |                  | N                        |                | D                                                                                                                             |                     | N                                |             | S                                   |                              | T                                   |         | N                        |  |                               |  |                          |  |                          |  |                          |  |
|                                                                                                    |                | Loc: P/S/O:                                                                                                                                                                                    |                  | <input type="checkbox"/>                                                                                                                                                                       |                  | <input type="checkbox"/> |                | <input checked="" type="checkbox"/>                                                                                           |                     | <input type="checkbox"/>         |             | <input checked="" type="checkbox"/> |                              | <input checked="" type="checkbox"/> |         | <input type="checkbox"/> |  |                               |  |                          |  |                          |  |                          |  |
| LWD: N                                                                                             |                | DIST: NA                                                                                                                                                                                       |                  | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/>                                                           |                  |                          |                |                                                                                                                               |                     |                                  |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
| RB SHP: S                                                                                          |                | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A          |                  | RIP: G                                                                                                                                                                                         |                  | STG: INIT                |                |                                                                                                                               |                     |                                  |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
| LB SHP: S                                                                                          |                | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A          |                  | RIP: S                                                                                                                                                                                         |                  | STG: SHR                 |                |                                                                                                                               |                     |                                  |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
| FEATURES                                                                                           |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |                  |                          |                |                                                                                                                               |                     |                                  |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
| NID Map                                                                                            | NID            | Type                                                                                                                                                                                           | Hgt              | Method                                                                                                                                                                                         | Lg               | Method                   | Photo          |                                                                                                                               |                     | AirPhoto                         |             |                                     | UTM (Zone/East/North/Method) |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
| 103P.020                                                                                           | 88010          | F                                                                                                                                                                                              | 7.0              | GE                                                                                                                                                                                             | 3                | GE                       | R:             | 12                                                                                                                            | F:                  | 5                                | L:          | #:                                  | 9                            | 552906                              | 6113762 | GIS                      |  |                               |  |                          |  |                          |  |                          |  |
| Comments: Falls are located at bottom of reach                                                     |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |                  |                          |                |                                                                                                                               |                     |                                  |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
| FISH                                                                                               |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |                  |                          |                |                                                                                                                               |                     |                                  |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
| Site Number                                                                                        | Capture Method | Number of Events                                                                                                                                                                               | Total Length (m) | Total Time                                                                                                                                                                                     | Voltage          | Species                  | Total Fish     | Minimum Length (mm)                                                                                                           | Maximum Length (mm) |                                  |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |
| 630                                                                                                | EF             | 1                                                                                                                                                                                              | 300              | 326 sec                                                                                                                                                                                        | 500              | NFC                      | 0              |                                                                                                                               |                     |                                  |             |                                     |                              |                                     |         |                          |  |                               |  |                          |  |                          |  |                          |  |

February 12, 2001



## FDIS Site Card

**Watershed Code:** 000-000000-00000-00000-0000-0000-000-000-000-000-000-000-000

| Reach # | ILP Map # | ILP # | Site |
|---------|-----------|-------|------|
| 1.0     | 103P.020  | 11085 | 630  |

| PROJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |          |                              |       |       |                                                                                                                                                                          |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|----------|------------------------------|-------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|---------|----------|--------------------|-------------------------------|------------------|----------------------------------------------------------------------|--------|-------|----------|------------------------------|--------------------|-------|------|------|------|------|-------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|---|------|------|------|------|------|------|--|--|--|--|------|-----------------|----|------|------|------|------|------|------|--|--|--|--|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-----------|-----|-----|-----------|-----|-----|----|------------|-----|-----|----|
| <div style="display: flex; justify-content: space-between;"> <div> <b>Project Name:</b> Mill Area 1:20K Stream Inventory Project<br/> <b>Stream Name (gaz.):</b> SKEENA RIVER<br/> <b>Project Watershed Code:</b> 400-000000-00000-00000-0000-0000-000-000-000-000-000 </div> <div> <b>Project Code:</b> 3476 </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |          |                              |       |       |                                                                                                                                                                          |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| WATERSHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |          |                              |       |       |                                                                                                                                                                          |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <b>Gazetted Name:</b> _____ <b>Local Name:</b> None<br><b>Watershed Code:</b> 000-000000-00000-00000-0000-0000-000-000-000-000-000<br><div style="display: flex; justify-content: space-between;"> <b>ILP Map#:</b> 103P.020 <b>ILP #:</b> 11085 <b>NID Map #:</b> 103P.020 <b>NID #:</b> 60030 <b>Reach #:</b> 1.0 <b>Site #:</b> 630 </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <b>Field UTM(Zone/East/North/Method)</b><br/> <div style="border: 1px solid black; padding: 2px;"> : : : : : </div> </div> <div> <b>GIS UTM(Zone/East/North)</b><br/> <div style="border: 1px solid black; padding: 2px;"> 9 : 552668 : 6113630 </div> </div> <div> <b>Site Lg:</b> 300<br/> <b>Ref. Name:</b> </div> <div> <b>Method:</b> HC <b>Access:</b> H </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <b>Date:</b> 2000/08/04 <b>Time:</b> 09:20 <b>Agency:</b> C172 <b>Crew:</b> EM/JD <b>Fish Crd?:</b> <input checked="" type="checkbox"/> <b>Incomplete:</b> <input type="checkbox"/> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |          |                              |       |       |                                                                                                                                                                          |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| CHANNEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |          |                              |       |       |                                                                                                                                                                          |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Mtd</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Channel Width (m):</td> <td>T</td> <td>2.23</td> <td>2.10</td> <td>1.90</td> <td>2.51</td> <td>2.31</td> <td>2.14</td> <td></td> <td></td> <td></td> <td></td> <td>2.20</td> </tr> <tr> <td>Wetted Width (m):</td> <td>T</td> <td>1.91</td> <td>1.62</td> <td>1.59</td> <td>1.94</td> <td>1.36</td> <td>1.84</td> <td></td> <td></td> <td></td> <td></td> <td>1.71</td> </tr> <tr> <td>Pool Depth (m):</td> <td>MS</td> <td>0.36</td> <td>0.47</td> <td>0.35</td> <td>0.61</td> <td>0.29</td> <td>0.34</td> <td></td> <td></td> <td></td> <td></td> <td>0.40</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |          |                              |       |       |                                                                                                                                                                          | Mtd | width | width   | width    | width              | width                         | width            | width                                                                | width  | width | width    | Avg                          | Channel Width (m): | T     | 2.23 | 2.10 | 1.90 | 2.51 | 2.31        | 2.14                                                        |                                                             |                                                             |                                                             |                                                             | 2.20                                                        | Wetted Width (m):                                           | T | 1.91 | 1.62 | 1.59 | 1.94 | 1.36 | 1.84 |  |  |  |  | 1.71 | Pool Depth (m): | MS | 0.36 | 0.47 | 0.35 | 0.61 | 0.29 | 0.34 |  |  |  |  | 0.40 | <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Gadient %</th> <th>Mtd</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Method I:</td> <td>6.0</td> <td>7.0</td> <td>AL</td> </tr> <tr> <td>Method II:</td> <td>6.0</td> <td>8.0</td> <td>AL</td> </tr> </tbody> </table> |  |  |  | Gadient % | Mtd | Avg | Method I: | 6.0 | 7.0 | AL | Method II: | 6.0 | 8.0 | AL |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mtd                                                                  | width                                                       | width                                                       | width                                                       | width                                                       | width                                                       | width                                                       | width    | width                        | width | width | Avg                                                                                                                                                                      |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Channel Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | T                                                                    | 2.23                                                        | 2.10                                                        | 1.90                                                        | 2.51                                                        | 2.31                                                        | 2.14                                                        |          |                              |       |       | 2.20                                                                                                                                                                     |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Wetted Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | T                                                                    | 1.91                                                        | 1.62                                                        | 1.59                                                        | 1.94                                                        | 1.36                                                        | 1.84                                                        |          |                              |       |       | 1.71                                                                                                                                                                     |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Pool Depth (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MS                                                                   | 0.36                                                        | 0.47                                                        | 0.35                                                        | 0.61                                                        | 0.29                                                        | 0.34                                                        |          |                              |       |       | 0.40                                                                                                                                                                     |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
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| Method I:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6.0                                                                  | 7.0                                                         | AL                                                          |                                                             |                                                             |                                                             |                                                             |          |                              |       |       |                                                                                                                                                                          |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Method II:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6.0                                                                  | 8.0                                                         | AL                                                          |                                                             |                                                             |                                                             |                                                             |          |                              |       |       |                                                                                                                                                                          |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <b>Wb Depth:</b> <div style="border: 1px solid black; padding: 2px;">.6</div> <div style="border: 1px solid black; padding: 2px;">.7</div> <div style="border: 1px solid black; padding: 2px;">.7</div> </div> <div> <b>Avg:</b> 0.67 <b>Method:</b> MS <b>Stage:</b> L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |          |                              |       |       | <b>No Vis.Ch.:</b> <input type="checkbox"/> <b>Intermittent:</b> <input type="checkbox"/><br><b>Dw:</b> <input type="checkbox"/> <b>Tribs.:</b> <input type="checkbox"/> |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <div style="display: flex; justify-content: space-between;"> <div> <b>COVER</b> <b>Total:</b> A<br/> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> </thead> <tbody> <tr> <td>Amount:</td> <td>N</td> <td>N</td> <td>D</td> <td>N</td> <td>S</td> <td>T</td> <td>N</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><div style="border: 1px solid black; padding: 2px;"> </div></td> <td><div style="border: 1px solid black; padding: 2px;"> </div></td> <td><div style="border: 1px solid black; padding: 2px;"> </div></td> <td><div style="border: 1px solid black; padding: 2px;"> </div></td> <td><div style="border: 1px solid black; padding: 2px;"> </div></td> <td><div style="border: 1px solid black; padding: 2px;"> </div></td> <td><div style="border: 1px solid black; padding: 2px;"> </div></td> </tr> </tbody> </table> </div> <div> <b>CROWN CLOSURE</b><br/> 0 0%<br/> <b>INSTREAM VEG:</b> N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                      |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |          |                              |       |       |                                                                                                                                                                          |     |       | Type:   | SWD      | LWD                | B                             | U                | DP                                                                   | OV     | IV    | Amount:  | N                            | N                  | D     | N    | S    | T    | N    | Loc: P/S/O: | <div style="border: 1px solid black; padding: 2px;"> </div> | <div style="border: 1px solid black; padding: 2px;"> </div> | <div style="border: 1px solid black; padding: 2px;"> </div> | <div style="border: 1px solid black; padding: 2px;"> </div> | <div style="border: 1px solid black; padding: 2px;"> </div> | <div style="border: 1px solid black; padding: 2px;"> </div> | <div style="border: 1px solid black; padding: 2px;"> </div> |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SWD                                                                  | LWD                                                         | B                                                           | U                                                           | DP                                                          | OV                                                          | IV                                                          |          |                              |       |       |                                                                                                                                                                          |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | N                                                                    | N                                                           | D                                                           | N                                                           | S                                                           | T                                                           | N                                                           |          |                              |       |       |                                                                                                                                                                          |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Loc: P/S/O:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <div style="border: 1px solid black; padding: 2px;"> </div>          | <div style="border: 1px solid black; padding: 2px;"> </div> | <div style="border: 1px solid black; padding: 2px;"> </div> | <div style="border: 1px solid black; padding: 2px;"> </div> | <div style="border: 1px solid black; padding: 2px;"> </div> | <div style="border: 1px solid black; padding: 2px;"> </div> | <div style="border: 1px solid black; padding: 2px;"> </div> |          |                              |       |       |                                                                                                                                                                          |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <div style="display: flex; justify-content: space-between;"> <div> <b>LWD:</b> N <b>DIST:</b> NA<br/> <b>LB SHP:</b> S<br/> <b>Texture:</b> <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A<br/> <b>RIP:</b> S<br/> <b>STG:</b> SHR </div> <div> <b>RB SHP:</b> S<br/> <b>Texture:</b> <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A<br/> <b>RIP:</b> G<br/> <b>STG:</b> INIT </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |          |                              |       |       |                                                                                                                                                                          |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |          |                              |       |       |                                                                                                                                                                          |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <div style="display: flex; justify-content: space-between;"> <div> <b>EMS:</b><br/> <b>Temp:</b> 7 <b>Method:</b> T3<br/> <b>pH:</b> 7.2 <b>Method:</b> P2<br/> <b>Flood Signs:</b> NONE <b>Method:</b> GE </div> <div> <b>Req #:</b><br/> <b>Cond.:</b> 60 <b>Method:</b> S4<br/> <b>Turb.:</b> <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C <b>Method:</b> GE </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |          |                              |       |       |                                                                                                                                                                          |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| MORPHOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                      |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |          |                              |       |       |                                                                                                                                                                          |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <div style="display: flex; justify-content: space-between;"> <div> <b>Bed Material:</b> Dominant: C Subdom: B<br/> D95: 60.0 D (cm): 30.00 Morph: CP<br/> <b>Pattern:</b> SI<br/> <b>Islands:</b> N<br/> <b>Coupling:</b> PC<br/> <b>Confinement:</b> FC<br/> <b>FSZ:</b> <input type="checkbox"/> </div> <div> <b>DISTURBANCE INDICATORS</b><br/> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> O1 B1 B2 B3 D1 D2 D3 </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> C1 C2 C3 C4 C5 S1 S2 S3 S4 S5 </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div> <b>Bars:</b> <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR </div> </div> |                                                                      |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |          |                              |       |       |                                                                                                                                                                          |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| FEATURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |          |                              |       |       |                                                                                                                                                                          |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>NID Map</th> <th>NID</th> <th>Type</th> <th>Hgt</th> <th>Method</th> <th>Lg</th> <th>Method</th> <th>Photo</th> <th>AirPhoto</th> <th>UTM (Zone/East/North/Method)</th> </tr> </thead> <tbody> <tr> <td>103P.020</td> <td>88010</td> <td>F</td> <td>7.0</td> <td>GE</td> <td>3</td> <td>GE</td> <td>R: 12 F: 5 L: </td> <td>#: </td> <td>9 552906 6113762 GIS</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |          |                              |       |       |                                                                                                                                                                          |     |       | NID Map | NID      | Type               | Hgt                           | Method           | Lg                                                                   | Method | Photo | AirPhoto | UTM (Zone/East/North/Method) | 103P.020           | 88010 | F    | 7.0  | GE   | 3    | GE          | R: 12 F: 5 L:                                               | #:                                                          | 9 552906 6113762 GIS                                        |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| NID Map                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NID                                                                  | Type                                                        | Hgt                                                         | Method                                                      | Lg                                                          | Method                                                      | Photo                                                       | AirPhoto | UTM (Zone/East/North/Method) |       |       |                                                                                                                                                                          |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| 103P.020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 88010                                                                | F                                                           | 7.0                                                         | GE                                                          | 3                                                           | GE                                                          | R: 12 F: 5 L:                                               | #:       | 9 552906 6113762 GIS         |       |       |                                                                                                                                                                          |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <b>Comments:</b> Falls are located at bottom of reach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |          |                              |       |       |                                                                                                                                                                          |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| HABITAT QUALITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |          |                              |       |       |                                                                                                                                                                          |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Name</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>OverWinter Habitat</td> <td>Overwintering habitat present</td> </tr> <tr> <td>Spawning Habitat</td> <td>Low quality spawning habitat-substrates too large, gradient too high</td> </tr> <tr> <td>R</td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |          |                              |       |       |                                                                                                                                                                          |     |       | Name    | Comments | OverWinter Habitat | Overwintering habitat present | Spawning Habitat | Low quality spawning habitat-substrates too large, gradient too high | R      |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Comments                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |          |                              |       |       |                                                                                                                                                                          |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| OverWinter Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Overwintering habitat present                                        |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |          |                              |       |       |                                                                                                                                                                          |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Spawning Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Low quality spawning habitat-substrates too large, gradient too high |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |          |                              |       |       |                                                                                                                                                                          |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |
| R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |          |                              |       |       |                                                                                                                                                                          |     |       |         |          |                    |                               |                  |                                                                      |        |       |          |                              |                    |       |      |      |      |      |             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |                                                             |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |  |           |     |     |           |     |     |    |            |     |     |    |

FDIS Site Card

|                                                                 |    |        |   |                                                 |          |                                        |       |      |
|-----------------------------------------------------------------|----|--------|---|-------------------------------------------------|----------|----------------------------------------|-------|------|
|                                                                 |    |        |   |                                                 | Reach #  | ILP Map #                              | ILP # | Site |
| Watershed Code: 000-000000-00000-00000-0000-000-000-000-000-000 |    |        |   |                                                 | 1.0      | 103P.020                               | 11085 | 630  |
| Photo                                                           |    | Foc Lg |   | Dir                                             | Comments |                                        |       |      |
| R:                                                              | 12 | F:     | 3 | STD                                             | U        | Upstream photo of cascade pool habitat |       |      |
| R:                                                              | 12 | F:     | 4 | STD                                             | D        | Downstream photo of rapids             |       |      |
| R:                                                              | 12 | F:     | 5 | STD                                             | U        | Upstream photo of 7 m falls            |       |      |
| COMMENTS                                                        |    |        |   |                                                 |          |                                        |       |      |
| Section                                                         |    |        |   | Comments                                        |          |                                        |       |      |
| SITE CARD                                                       |    |        |   | Fish form 30509                                 |          |                                        |       |      |
| CHANNEL                                                         |    |        |   | No fish present above falls in downstream reach |          |                                        |       |      |
| CHANNEL                                                         |    |        |   | S6 Stream                                       |          |                                        |       |      |



## FDIS Fish Form

Watershed Code:

000-000000-00000-00000-0000-0000-000-000-000-000-000-000-000

Reach #

1.0

ILP Map #

103P.020

ILP #

11085

| WATERBODY                                                   |          |       |                          |                     |            |                |                |                 |              |              |               |                                    |
|-------------------------------------------------------------|----------|-------|--------------------------|---------------------|------------|----------------|----------------|-----------------|--------------|--------------|---------------|------------------------------------|
| Gazetted Name:                                              |          |       |                          |                     |            |                |                | Local: None     |              |              |               |                                    |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-0 |          |       |                          |                     |            |                |                |                 |              |              |               |                                    |
| WS Code: 000-000000-00000-00000-0000-000-000-000-000-000    |          |       |                          |                     |            |                |                |                 |              |              |               |                                    |
| Waterbody ID:                                               |          |       |                          | ILP Map #: 103P.020 |            |                |                | ILP #: 11085    |              | Reach #: 1 - |               |                                    |
| Project ID: 3476                                            |          |       |                          | Lake/Stream: S      |            |                |                | Lake From Date: |              |              |               |                                    |
| Fish Permit #: 25350K                                       |          |       | Date: 2000/08/04         |                     |            | To: 2000/08/04 |                |                 | Agency: C172 |              | Crew: EM/JD   | Resample: <input type="checkbox"/> |
| SITE / METHOD                                               |          |       |                          |                     |            |                |                |                 |              |              |               |                                    |
| Site#                                                       | NID Map  | NID # | UTM:Zone/East/North/Mthd |                     |            | MTD/NO         | Temp           | Cond            | Turbid       | Comment      |               |                                    |
| 630                                                         | 103P.020 | 60030 |                          |                     |            | EF 1           | 7              | 60              | C            |              |               |                                    |
| A. GEAR SETTINGS                                            |          |       |                          |                     |            |                |                |                 |              |              |               |                                    |
| Site#                                                       | MTD/NO   | H/P   | Date In                  | Time In             | Date Out   | Time Out       | Comment        |                 |              |              |               |                                    |
| 630                                                         | EF 1     | 1     | 2000/08/04               | 09:20               | 2000/08/04 | 10:00          |                |                 |              |              |               |                                    |
| C. ELECTROFISHER SPECIFICATIONS                             |          |       |                          |                     |            |                |                |                 |              |              |               |                                    |
| Site#                                                       | MTD/NO   | H/P   | Encl                     | Sec                 | Lnth       | Width          | Voltage        | Frequency       | Pulse        | Make         | Model         |                                    |
| 630                                                         | EF       | 1     | 1                        | O                   | 326        | 300.0          | 1.5            | 500             | 60           | 6            | SMITH<br>ROOT | 12B                                |
| FISH SUMMARY                                                |          |       |                          |                     |            |                |                |                 |              |              |               |                                    |
| Site#                                                       | MTD/NO   | H/P   | Species                  | Stage               | Age        | Total #        | Lgth (Min/Max) | FishAct         | Comment      |              |               |                                    |
| 630                                                         | EF       | 1     | 1                        | NFC                 |            | 0              |                |                 |              |              |               |                                    |



Site #630, Upstream photo of 7 m falls  
Roll #12, Frame #5, Date: 2000/08/04



Site #630, Downstream photo of rapids  
Roll #12, Frame #4, Date: 2000/08/04





Site #630, Upstream photo of cascade pool habitat  
Roll #12, Frame #3, Date: 2000/08/04

## Stream Reach/Site Summary Report

**Watershed Code:** 400-362300-67500-00000-0000-0000-000-000-000-000-000-000

| Reach # | ILP Map # | ILP # |
|---------|-----------|-------|
| 3.0     |           |       |

| STREAM REFERENCING                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                                                                                                               |                          |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
|----------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------|--|
| Gazetted Name:                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | Local Name: None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                     |                          |                                                                                                                               |                          |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Watershed Code: 400-362300-67500-00000-0000-0000-000-000-000-000-000                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          | ILP Map #:                                                                                                                    |                          |                          |                              | ILP #:                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| REACH                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                                                                                                               |                          |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Reach #: 3.0                                                                                       |                                     | UTM(Zone/East/North): 9.552869.6115887                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | Sample Type: B                      |                          |                                                                                                                               |                          |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Length (km): 3.15                                                                                  |                                     | Gradient (%): 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | US Elev (m): 996                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                     |                          | Order: 3                                                                                                                      |                          | Magnitude: 33            |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Confinement: CO                                                                                    |                                     | Coupling: CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | Open water: A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | BGC Zone: ESSF                      |                          |                                                                                                                               |                          |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Islands: NV                                                                                        |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                              |                                     | Riparian Veg.: M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                     |                          | Landuse: NO                                                                                                                   |                          |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| SITE                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                                                                                                               |                          |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Site #: 631                                                                                        |                                     | GIS UTM(Zone/East/North)<br>9 553383 6115995                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | Date: 2000/08/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                     |                          | Agency: C172                                                                                                                  |                          | Crew: EM/JD              |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Site Lg (m): 500                                                                                   |                                     | Ref. Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                                                                                                               |                          |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| CHANNEL                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                                                                                                               |                          |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | Avg                                 |                          | Min                                                                                                                           |                          | Max                      |                              | #                        |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                      |                                     | Channel Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | 13.95                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | 11.60                               |                          | 16.8                                                                                                                          |                          | 6                        |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
|                                                                                                    |                                     | Wetted Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | 8.05                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | 5.6                                 |                          | 9.2                                                                                                                           |                          | 6                        |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
|                                                                                                    |                                     | Wb Depth (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | 1.80                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | 1.7                                 |                          | 1.9                                                                                                                           |                          | 3                        |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | Avg %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | Min %                               |                          | Max %                                                                                                                         |                          | 4                        |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | Gadient %:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | 13.50                               |                          | 12                                                                                                                            |                          | 15                       |                              | 4                        |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | Pool Depth (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | 0.64                                |                          | 0.360                                                                                                                         |                          | 0.860                    |                              | 6                        |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                     | Temp (C): 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | pH: 7.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | Cond.: 80                           |                          | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                          |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| MORPHOLOGY                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                                                                                                               |                          |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Bed Material: Dominant: B                                                                          |                                     | Subdom: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                       |                          |                                     |                          |                                                                                                                               |                          |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| D95: 120.00                                                                                        |                                     | D (cm): 60.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                                                                                                               |                          |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Pattern: IR                                                                                        |                                     | Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                          |                                                                                                                               |                          |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Coupling: CO                                                                                       |                                     | Confinement: CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |                          |                                     |                          |                                                                                                                               |                          |                          |                              |                          |                          | <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"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Morph: CP                                                                                          |                                     | DISTURBANCE INDICATORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                     |                          |                                                                                                                               |                          |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |                          |                                     |                          |                                                                                                                               |                          |                          |                              |                          |                          | <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"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| COVER                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                                                                                                               |                          |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Total: A                                                                                           |                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Type:</td><td>SWD</td><td>LWD</td><td>B</td><td>U</td><td>DP</td><td>OV</td><td>IV</td> </tr> <tr> <td>Amount:</td><td>T</td><td>S</td><td>D</td><td>N</td><td>S</td><td>T</td><td>N</td> </tr> <tr> <td>Loc: P/S/O:</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                                                                                                               |                          | Type:                    | SWD                          | LWD                      | B                        | U                        | DP                       | OV                       | IV                       | Amount:                  | T                        | S                        | D                        | N                        | S                        | T                        | N                        | Loc: P/S/O:              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FSZ: <input type="checkbox"/> |  |
| Type:                                                                                              | SWD                                 | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | B                                   | U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DP                       | OV                                  | IV                       |                                                                                                                               |                          |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Amount:                                                                                            | T                                   | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D                                   | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S                        | T                                   | N                        |                                                                                                                               |                          |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Loc: P/S/O:                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                                                                               |                          |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| LWD: F                                                                                             |                                     | DIST: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                     |                          |                                                                                                                               |                          |                          |                              | CROWN CLOSURE<br>1 1-20% |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| RB SHP: V                                                                                          |                                     | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | RIP: D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                     |                          | STG: PS                                                                                                                       |                          |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| LB SHP: S                                                                                          |                                     | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | RIP: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                     |                          | STG: MF                                                                                                                       |                          |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| FEATURES                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                                                                                                               |                          |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| NID Map                                                                                            | NID                                 | Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Hgt                                 | Method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Lg                       | Method                              | Photo                    |                                                                                                                               | AirPhoto                 |                          | UTM (Zone/East/North/Method) |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| 103P.020                                                                                           | 70702                               | C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 100.0                               | GE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 100                      | GE                                  | R: 12                    | F: 8                                                                                                                          | L:                       | #:                       | 9                            | 552980                   | 6115879                  | GIS                      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Comments:                                                                                          |                                     | Impassible falls/cascades at the top of Reach 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                                                                                                               |                          |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| FISH                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                                                                                                               |                          |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Site Number                                                                                        | Capture Method                      | Number of Events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Total Length (m)                    | Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Voltage                  | Species                             | Total Fish               | Minimum Length (mm)                                                                                                           | Maximum Length (mm)      |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| 631                                                                                                | EF                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 500                                 | 256 sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 600                      | DV                                  | 3                        | 126                                                                                                                           | 150                      |                          |                              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |

February 12, 2001



# FDIS Site Card

Watershed Code: 400-362300-67500-00000-00000-000-000-000-000-000-000 Reach # 3.0 ILP Map # ILP # Site 631

| PROJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                        |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
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| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                        |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    | Project Code: 3476                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                        |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Project Watershed Code: 400-000000-00000-00000-00000-000-000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                        |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| WATERSHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                        |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Gazetted Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                        |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    | Local Name: None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Watershed Code: 400-362300-67500-00000-00000-00000-000-000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                        |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| ILP Map#:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | ILP #:                                                                 |                                     | NID Map #: 103P.020      |                                     | NID #: 60031                        |                          | Reach #: 3.0                                                                                                                         |                                                                                                    | Site #: 631                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Field UTM(Zone/East/North/Method)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                        |                                     | GIS UTM(Zone/East/North) |                                     |                                     |                          | Site Lg: 500                                                                                                                         |                                                                                                    | Method: HC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                              | Access: H |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| 9 553383 6115995                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                        |                                     |                          |                                     |                                     |                          | Ref. Name:                                                                                                                           |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Date: 2000/08/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | Time: 10:15                                                            |                                     | Agency: C172             |                                     | Crew: EM/JD                         |                          | Fish Crd?: <input checked="" type="checkbox"/>                                                                                       |                                                                                                    | Incomplete: <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| CHANNEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                        |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Mtd</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Channel Width (m):</td> <td>T</td> <td>14.60</td> <td>15.10</td> <td>16.80</td> <td>12.20</td> <td>11.60</td> <td>13.40</td> <td></td> <td></td> <td></td> <td></td> <td>13.95</td> </tr> <tr> <td>Wetted Width (m):</td> <td>T</td> <td>8.50</td> <td>5.60</td> <td>8.70</td> <td>8.90</td> <td>9.20</td> <td>7.40</td> <td></td> <td></td> <td></td> <td></td> <td>8.05</td> </tr> <tr> <td>Pool Depth (m):</td> <td>MS</td> <td>0.65</td> <td>0.71</td> <td>0.86</td> <td>0.43</td> <td>0.84</td> <td>0.36</td> <td></td> <td></td> <td></td> <td></td> <td>0.64</td> </tr> </tbody> </table> |                                     |                                                                        |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           | Mtd     | width | width | width   | width | width | width | width | width | width                    | width                    | Avg                      | Channel Width (m):                  | T                                   | 14.60                               | 15.10                    | 16.80                               | 12.20                               | 11.60                    | 13.40                    |                          |                          |  |  | 13.95 | Wetted Width (m): | T | 8.50 | 5.60 | 8.70 | 8.90 | 9.20 | 7.40 |  |  |  |  | 8.05 | Pool Depth (m): | MS | 0.65 | 0.71 | 0.86 | 0.43 | 0.84 | 0.36 |  |  |  |  | 0.64 | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Gadient %</th> <th>Mtd</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Method I:</td> <td>12.0 15.0</td> <td>AL</td> <td>13.50</td> </tr> <tr> <td>Method II:</td> <td>14.0 13.0</td> <td>AL</td> <td></td> </tr> </tbody> </table> |  |  |  | Gadient % | Mtd | Avg | Method I: | 12.0 15.0 | AL | 13.50 | Method II: | 14.0 13.0 | AL |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Mtd                                 | width                                                                  | width                               | width                    | width                               | width                               | width                    | width                                                                                                                                | width                                                                                              | width                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | width                                                                                                                                        | Avg       |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Channel Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | T                                   | 14.60                                                                  | 15.10                               | 16.80                    | 12.20                               | 11.60                               | 13.40                    |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              | 13.95     |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Wetted Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | T                                   | 8.50                                                                   | 5.60                                | 8.70                     | 8.90                                | 9.20                                | 7.40                     |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              | 8.05      |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Pool Depth (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MS                                  | 0.65                                                                   | 0.71                                | 0.86                     | 0.43                                | 0.84                                | 0.36                     |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              | 0.64      |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Gadient %                           | Mtd                                                                    | Avg                                 |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Method I:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 12.0 15.0                           | AL                                                                     | 13.50                               |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Method II:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14.0 13.0                           | AL                                                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Wb Depth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | 1.8                                                                    | 1.9                                 | 1.7                      | Avg: 1.80                           |                                     | Method: MS               |                                                                                                                                      | Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/><br>Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/> |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| COVER Total: A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                        |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> </thead> <tbody> <tr> <td>Amount:</td> <td>T</td> <td>S</td> <td>D</td> <td>N</td> <td>S</td> <td>T</td> <td>N</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                                                                                  |                                     |                                                                        |                                     |                          |                                     |                                     |                          | Type:                                                                                                                                | SWD                                                                                                | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | B                                                                                                                                            | U         | DP      | OV    | IV    | Amount: | T     | S     | D     | N     | S     | T                        | N                        | Loc: P/S/O:              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CROWN CLOSURE            |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SWD                                 | LWD                                                                    | B                                   | U                        | DP                                  | OV                                  | IV                       |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | T                                   | S                                                                      | D                                   | N                        | S                                   | T                                   | N                        |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
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| WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                        |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| EMS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                        |                                     |                          | Req #:                              |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Temp: 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                        |                                     |                          | Method: T3                          |                                     |                          |                                                                                                                                      |                                                                                                    | Cond.: 80                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| pH: 7.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                        |                                     |                          | Method: P2                          |                                     |                          |                                                                                                                                      |                                                                                                    | Method: S4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Flood Signs: RAFTED DEBRIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                        |                                     |                          | Method: GE                          |                                     |                          |                                                                                                                                      |                                                                                                    | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C Method: GE                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| MORPHOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                        |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Bed Material: Dominant: B Subdom: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                        |                                     |                          | D95: 120.0 D (cm): 60.00 Morph: CP  |                                     |                          |                                                                                                                                      |                                                                                                    | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>O1</th> <th>B1</th> <th>B2</th> <th>B3</th> <th>D1</th> <th>D2</th> <th>D3</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                           |                                                                                                                                              |           |         |       | O1    | B1      | B2    | B3    | D1    | D2    | D3    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| O1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | B1                                  | B2                                                                     | B3                                  | D1                       | D2                                  | D3                                  |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
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| Pattern: IR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                        |                                     |                          | DISTURBANCE INDICATORS              |                                     |                          |                                                                                                                                      |                                                                                                    | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>C1</th> <th>C2</th> <th>C3</th> <th>C4</th> <th>C5</th> <th>S1</th> <th>S2</th> <th>S3</th> <th>S4</th> <th>S5</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                                                                                                                                              |           |         |       | C1    | C2      | C3    | C4    | C5    | S1    | S2    | S3                       | S4                       | S5                       | <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"/> |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| C1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | C2                                  | C3                                                                     | C4                                  | C5                       | S1                                  | S2                                  | S3                       | S4                                                                                                                                   | S5                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
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| Coupling: CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                        |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Confinement: CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                        |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| FSZ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                        |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| FEATURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                        |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| NID Map                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NID                                 | Type                                                                   | Hgt                                 | Method                   | Lg                                  | Method                              | Photo                    |                                                                                                                                      | AirPhoto                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | UTM (Zone/East/North/Method)                                                                                                                 |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| 103P.020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 70702                               | C                                                                      | 100.0                               | GE                       | 100                                 | GE                                  | R: 12 F: 8 L:            | #:                                                                                                                                   |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9                                                                                                                                            | 552980    | 6115879 | GIS   |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Comments: Impassible falls/cascades at the top of Reach 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                        |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| HABITAT QUALITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                        |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | Comments                                                               |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| OverWinter Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | Overwintering habitat present                                          |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Spawning Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | Poor spawning habitat-substrates too large, gradient too high          |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Rearing Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | Moderate rearing habitat-limited by gradient and lack of holding water |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| PHOTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                        |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Photo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Foc La                              | Dir                                                                    | Comments                            |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |       |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |

# FDIS Site Card

Watershed Code: 400-362300-67500-00000-0000-0000-000-000-000-000-000

Reach # 3.0 ILP Map # ILP # Site 631

| Photo     |    |    |   | Foc Lg                                                                                          | Dir | Comments                                                       |
|-----------|----|----|---|-------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------|
| R:        | 12 | F: | 6 | STD                                                                                             | U   | Upstream photo of cascade pool habitat                         |
| R:        | 12 | F: | 7 | STD                                                                                             | D   | Downstream photo of spanning LWD                               |
| R:        | 12 | F: | 8 | STD                                                                                             | U   | Upstream photo of a 100 m cascade with numerous vertical drops |
| COMMENTS  |    |    |   |                                                                                                 |     |                                                                |
| Section   |    |    |   | Comments                                                                                        |     |                                                                |
| SITE CARD |    |    |   | Fish form 30508                                                                                 |     |                                                                |
| CHANNEL   |    |    |   | DV captured below the cascade. Cascade at the top of the reach prevents upstream fish migration |     |                                                                |
| CHANNEL   |    |    |   | IS2 Stream                                                                                      |     |                                                                |



# FDIS Fish Form

Reach #      ILP Map #      ILP #

Watershed Code:      400-362300-67500-00000-00000-0000-000-000-000-000-000

3.0

| WATERBODY                                                       |          |       |                          |                  |                |          |                |                 |              |             |               |     |                                    |        |         |  |
|-----------------------------------------------------------------|----------|-------|--------------------------|------------------|----------------|----------|----------------|-----------------|--------------|-------------|---------------|-----|------------------------------------|--------|---------|--|
| Gazetted Name:                                                  |          |       |                          |                  |                |          |                |                 |              | Local: None |               |     |                                    |        |         |  |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-000-0 |          |       |                          |                  |                |          |                |                 |              |             |               |     |                                    |        |         |  |
| WS Code: 400-362300-67500-00000-0000-000-000-000-000-000-000    |          |       |                          |                  |                |          |                |                 |              |             |               |     |                                    |        |         |  |
| Waterbody ID:                                                   |          |       |                          |                  | ILP Map #:     |          |                | ILP #:          |              | Reach #:    |               | 3 - |                                    |        |         |  |
| Project ID: 3476                                                |          |       |                          |                  | Lake/Stream: S |          |                | Lake From Date: |              |             |               |     |                                    |        |         |  |
| Fish Permit #: 25350K                                           |          |       |                          | Date: 2000/08/04 |                |          | To: 2000/08/04 |                 | Agency: C172 |             | Crew: EM/JD   |     | Resample: <input type="checkbox"/> |        |         |  |
| SITE / METHOD                                                   |          |       |                          |                  |                |          |                |                 |              |             |               |     |                                    |        |         |  |
| Site#                                                           | NID Map  | NID # | UTM:Zone/East/North/Mthd |                  |                | MTD/NO   |                | Temp            | Cond         | Turbid      | Comment       |     |                                    |        |         |  |
| 631                                                             | 103P.020 | 60031 |                          |                  |                | EF 1     |                | 7               | 80           | C           |               |     |                                    |        |         |  |
| A. GEAR SETTINGS                                                |          |       |                          |                  |                |          |                |                 |              |             |               |     |                                    |        |         |  |
| Site#                                                           | MTD/NO   | H/P   | Date In                  | Time In          | Date Out       | Time Out | Comment        |                 |              |             |               |     |                                    |        |         |  |
| 631                                                             | EF 1     | 1     | 2000/08/04               | 10:15            | 2000/08/04     | 11:15    |                |                 |              |             |               |     |                                    |        |         |  |
| C. ELECTROFISHER SPECIFICATIONS                                 |          |       |                          |                  |                |          |                |                 |              |             |               |     |                                    |        |         |  |
| Site#                                                           | MTD/NO   | H/P   | Encl                     | Sec              | Lnth           | Width    | Voltage        | Frequency       | Pulse        | Make        | Model         |     |                                    |        |         |  |
| 631                                                             | EF       | 1     | 1                        | O                | 256            | 500.0    | 7.0            | 600             | 60           | 6           | SMITH<br>ROOT | 12B |                                    |        |         |  |
| FISH SUMMARY                                                    |          |       |                          |                  |                |          |                |                 |              |             |               |     |                                    |        |         |  |
| Site#                                                           | MTD/NO   | H/P   | Species                  | Stage            | Age            | Total #  | Lgth (Min/Max) | FishAct         | Comment      |             |               |     |                                    |        |         |  |
| 631                                                             | EF       | 1     | 1                        | DV               | J              | 3        | 126 150        | R               |              |             |               |     |                                    |        |         |  |
| INDIVIDUAL FISH DATA                                            |          |       |                          |                  |                |          |                |                 |              |             |               |     |                                    |        |         |  |
| Site#                                                           | MTD/NO   | H/P   | Species                  | Length           | Weight         | Sex      | Mat            | Age             |              | Vch#        | Genetic       |     | Roll #                             | Frame# | Comment |  |
|                                                                 |          |       |                          |                  |                |          |                | Str/Smpl#       | Age          |             | Str/Smpl#     |     |                                    |        |         |  |
| 631                                                             | EF       | 1     | 1                        | DV               | 126            |          | U              | U               |              |             |               |     |                                    |        |         |  |
| 631                                                             | EF       | 1     | 1                        | DV               | 141            |          | U              | U               |              |             |               |     |                                    |        |         |  |
| 631                                                             | EF       | 1     | 1                        | DV               | 150            |          | U              | U               |              |             |               |     |                                    |        |         |  |





Site #631, Upstream photo of a 100 m cascade with numerous vertical drops  
Roll #12, Frame #8, Date: 2000/08/04



Site #631, Downstream photo of spanning LWD  
Roll #12, Frame #7, Date: 2000/08/04





Site #631, Upstream photo of cascade pool habitat  
Roll #12, Frame #6, Date: 2000/08/04

# Stream Reach/Site Summary Report

Reach #    ILP Map #    ILP #

Watershed Code: 400-362300-74700-00000-00000-00000-00000-00000-000

2.0

| STREAM REFERENCING                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
|----------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------|-------|-------|----|-------------------------|-------|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------|--|
| Gazetted Name:                                                                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                                                                                                                | Local Name: None                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| Watershed Code: 400-362300-74700-00000-00000-00000-00000-00000-000                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                                                                                                                | ILP Map #:                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ILP #:                   |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| REACH                                                                                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| Reach #: 2.0                                                                                       |                          | UTM(Zone/East/North): 9.554154.6117741                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                | Sample Type: B                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| Length (km): 3.05                                                                                  |                          | Gradient (%): 11.84                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | US Elev (m): 978                                                                                                                                                                               |                                     | Order: 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | Magnitude: 28                                                                                                                 |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| Confinement: CO                                                                                    |                          | Coupling: CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | Open water: A                                                                                                                                                                                  |                                     | BGC Zone: ESSF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| Islands: N                                                                                         |                          | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | Riparian Veg.: M                                                                                                                                                                               |                                     | Landuse: NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| SITE                                                                                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| Site #: 632                                                                                        |                          | GIS UTM(Zone/East/North)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | Date: 2000/08/04                                                                                                                                                                               |                                     | Agency: C172                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | Crew: EM/JD                                                                                                                   |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| Site Lg (m): 400                                                                                   |                          | 9    554509    6117584                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | Ref. Name:                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| CHANNEL                                                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                                                                                                                |                                     | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th>Avg</th><th>Min</th><th>Max</th><th>#</th></tr> <tr> <td>Channel Width (m): 6.27</td><td>4.900</td><td>8</td><td>6</td></tr> <tr> <td>Wetted Width (m): 5.77</td><td>4.300</td><td>7.2</td><td>6</td></tr> <tr> <td>Wb Depth (m): 1.30</td><td>1.2</td><td>1.4</td><td>3</td></tr> </table>                                                                                                                                                                                     |                          |                                                                                                                               |                          | Avg   | Min   | Max   | #  | Channel Width (m): 6.27 | 4.900 | 8  | 6                        | Wetted Width (m): 5.77   | 4.300                    | 7.2                      | 6                        | Wb Depth (m): 1.30       | 1.2                      | 1.4                      | 3                        |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| Avg                                                                                                | Min                      | Max                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | #                                   |                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| Channel Width (m): 6.27                                                                            | 4.900                    | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6                                   |                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| Wetted Width (m): 5.77                                                                             | 4.300                    | 7.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6                                   |                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| Wb Depth (m): 1.30                                                                                 | 1.2                      | 1.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3                                   |                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                      |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                                                                                                                |                                     | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th>Avg %</th><th>Min %</th><th>Max %</th><th>#</th></tr> <tr> <td>Gradient %: 7.50</td><td>7</td><td>8</td><td>4</td></tr> <tr> <td>Pool Depth (m): 0.62</td><td>0.41</td><td>0.810</td><td>6</td></tr> </table>                                                                                                                                                                                                                                                                   |                          |                                                                                                                               |                          | Avg % | Min % | Max % | #  | Gradient %: 7.50        | 7     | 8  | 4                        | Pool Depth (m): 0.62     | 0.41                     | 0.810                    | 6                        |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| Avg %                                                                                              | Min %                    | Max %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | #                                   |                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| Gradient %: 7.50                                                                                   | 7                        | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4                                   |                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| Pool Depth (m): 0.62                                                                               | 0.41                     | 0.810                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6                                   |                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |                          | Temp (C): 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | pH: 7.1                                                                                                                                                                                        |                                     | Cond.: 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| MORPHOLOGY                                                                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| Bed Material: Dominant: B                                                                          |                          | Subdom: R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| D95: 80.00                                                                                         |                          | D (cm): 20.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                |                                     | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>O1</td><td>B1</td><td>B2</td><td>B3</td><td>D1</td><td>D2</td><td>D3</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>                                                                                                                                     |                          |                                                                                                                               |                          | O1    | B1    | B2    | B3 | D1                      | D2    | D3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| O1                                                                                                 | B1                       | B2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | B3                                  | D1                                                                                                                                                                                             | D2                                  | D3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| <input type="checkbox"/>                                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| Pattern: SI                                                                                        |                          | Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | DISTURBANCE INDICATORS                                                                                                                                                                         |                                     | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>C1</td><td>C2</td><td>C3</td><td>C4</td><td>C5</td><td>S1</td><td>S2</td><td>S3</td><td>S4</td><td>S5</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |                          |                                                                                                                               |                          | C1    | C2    | C3    | C4 | C5                      | S1    | S2 | S3                       | S4                       | S5                       | <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"/>            |                                     |                                     |                          |                               |  |
| C1                                                                                                 | C2                       | C3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | C4                                  | C5                                                                                                                                                                                             | S1                                  | S2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S3                       | S4                                                                                                                            | S5                       |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| <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"/> |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| Coupling: CO                                                                                       |                          | Confinement: CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| Morph: CP                                                                                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| COVER                                                                                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| Total: M                                                                                           |                          | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th>Type:</th><th>SWD</th><th>LWD</th><th>B</th><th>U</th><th>DP</th><th>OV</th><th>IV</th></tr> <tr> <td>Amount:</td><td>N</td><td>T</td><td>S</td><td>T</td><td>D</td><td>S</td><td>N</td></tr> <tr> <td>Loc: P/S/O:</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                               | Type:                    | SWD   | LWD   | B     | U  | DP                      | OV    | IV | Amount:                  | N                        | T                        | S                        | T                        | D                        | S                        | N                        | Loc: P/S/O:              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FSZ: <input type="checkbox"/> |  |
| Type:                                                                                              | SWD                      | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | B                                   | U                                                                                                                                                                                              | DP                                  | OV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | IV                       |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| Amount:                                                                                            | N                        | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | S                                   | T                                                                                                                                                                                              | D                                   | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | N                        |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| Loc: P/S/O:                                                                                        | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| LWD: F                                                                                             |                          | DIST: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | INSTREAM VEG: N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input type="checkbox"/>                                                           |                                     | CROWN CLOSURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| RB SHP: V                                                                                          |                          | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input checked="" type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | RIP: M                                                                                                                                                                                         |                                     | STG: NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |
| LB SHP: V                                                                                          |                          | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | RIP: M                                                                                                                                                                                         |                                     | STG: NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                                                               |                          |       |       |       |    |                         |       |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                               |  |

February 12, 2001



# FDIS Site Card

Watershed Code: 400-362300-74700-00000-00000-000-000-000-000-000-000 Reach # 2.0 ILP Map # ILP # 632 Site 632

| PROJECT                                                                                                                                                                               |                          |                                                                                                                                                                                                    |                                     |                                     |                                     |                                               |                          |                                                                                                                                                                                                |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------|--------------------------|
| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                |                          |                                                                                                                                                                                                    |                                     |                                     |                                     |                                               |                          |                                                                                                                                                                                                |                          | Project Code: 3476                                                                                                            |                                                                                                    |                                      |                          |                          |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                      |                          |                                                                                                                                                                                                    |                                     |                                     |                                     |                                               |                          |                                                                                                                                                                                                |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| Project Watershed Code: 400-000000-00000-00000-00000-000-000-000-000-000-000-000                                                                                                      |                          |                                                                                                                                                                                                    |                                     |                                     |                                     |                                               |                          |                                                                                                                                                                                                |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| WATERSHED                                                                                                                                                                             |                          |                                                                                                                                                                                                    |                                     |                                     |                                     |                                               |                          |                                                                                                                                                                                                |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| Gazetted Name:                                                                                                                                                                        |                          |                                                                                                                                                                                                    |                                     |                                     |                                     |                                               |                          |                                                                                                                                                                                                |                          | Local Name: None                                                                                                              |                                                                                                    |                                      |                          |                          |
| Watershed Code: 400-362300-74700-00000-00000-00000-000-000-000-000-000-000-000                                                                                                        |                          |                                                                                                                                                                                                    |                                     |                                     |                                     |                                               |                          |                                                                                                                                                                                                |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| ILP Map#:                                                                                                                                                                             |                          | ILP #:                                                                                                                                                                                             |                                     | NID Map #: 103P.030                 |                                     |                                               | NID #: 60032             |                                                                                                                                                                                                |                          | Reach #: 2.0                                                                                                                  |                                                                                                    | Site #: 632                          |                          |                          |
| Field UTM(Zone/East/North/Method)                                                                                                                                                     |                          |                                                                                                                                                                                                    |                                     | GIS UTM(Zone/East/North)            |                                     |                                               |                          | Site Lg: 400                                                                                                                                                                                   |                          |                                                                                                                               | Method: HC                                                                                         |                                      | Access: H                |                          |
|                                                                                                                                                                                       |                          |                                                                                                                                                                                                    |                                     | 9 554509 6117584                    |                                     |                                               |                          | Ref. Name:                                                                                                                                                                                     |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| Date: 2000/08/04                                                                                                                                                                      |                          | Time: 11:25                                                                                                                                                                                        |                                     | Agency: C172                        |                                     |                                               | Crew: EM/JD              |                                                                                                                                                                                                |                          | Fish Crd?: <input checked="" type="checkbox"/>                                                                                |                                                                                                    | Incomplete: <input type="checkbox"/> |                          |                          |
| CHANNEL                                                                                                                                                                               |                          |                                                                                                                                                                                                    |                                     |                                     |                                     |                                               |                          |                                                                                                                                                                                                |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
|                                                                                                                                                                                       |                          | Mtd                                                                                                                                                                                                | width                               | width                               | width                               | width                                         | width                    | width                                                                                                                                                                                          | width                    | width                                                                                                                         | width                                                                                              | Avg                                  |                          |                          |
| Channel Width (m):                                                                                                                                                                    |                          | T                                                                                                                                                                                                  | 6.20                                | 7.10                                | 5.40                                | 8.00                                          | 4.90                     | 6.00                                                                                                                                                                                           |                          |                                                                                                                               |                                                                                                    | 6.27                                 |                          |                          |
| Wetted Width (m):                                                                                                                                                                     |                          | T                                                                                                                                                                                                  | 5.90                                | 6.80                                | 5.10                                | 7.20                                          | 4.30                     | 5.30                                                                                                                                                                                           |                          |                                                                                                                               |                                                                                                    | 5.77                                 |                          |                          |
| Pool Depth (m):                                                                                                                                                                       |                          | MS                                                                                                                                                                                                 | 0.81                                | 0.73                                | 0.61                                | 0.52                                          | 0.41                     | 0.62                                                                                                                                                                                           |                          |                                                                                                                               |                                                                                                    | 0.62                                 |                          |                          |
| Wb Depth:                                                                                                                                                                             |                          | 1.4                                                                                                                                                                                                | 1.3                                 | 1.2                                 | Avg: 1.30                           |                                               |                          | Method: MS                                                                                                                                                                                     |                          |                                                                                                                               | Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |                                      |                          |                          |
| COVER                                                                                                                                                                                 |                          | Total: M                                                                                                                                                                                           |                                     |                                     |                                     |                                               |                          |                                                                                                                                                                                                |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| Type:                                                                                                                                                                                 | SWD                      | LWD                                                                                                                                                                                                | B                                   | U                                   | DP                                  | OV                                            | IV                       | CROWN CLOSURE                                                                                                                                                                                  |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| Amount:                                                                                                                                                                               | N                        | T                                                                                                                                                                                                  | S                                   | T                                   | D                                   | S                                             | N                        | 1 1-20%                                                                                                                                                                                        |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| Loc: P/S/O:                                                                                                                                                                           | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>           | <input type="checkbox"/> | INSTREAM VEG: N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input type="checkbox"/>                                                           |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| LWD: F                                                                                                                                                                                |                          | DIST: C                                                                                                                                                                                            |                                     |                                     |                                     |                                               |                          |                                                                                                                                                                                                |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| LB SHP: V                                                                                                                                                                             |                          | RB SHP: V                                                                                                                                                                                          |                                     |                                     |                                     |                                               |                          |                                                                                                                                                                                                |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                          | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input checked="" type="checkbox"/> R <input type="checkbox"/> A              |                                     |                                     |                                     |                                               |                          |                                                                                                                                                                                                |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| RIP: M                                                                                                                                                                                |                          | RIP: M                                                                                                                                                                                             |                                     |                                     |                                     |                                               |                          |                                                                                                                                                                                                |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| STG: NA                                                                                                                                                                               |                          | STG: NA                                                                                                                                                                                            |                                     |                                     |                                     |                                               |                          |                                                                                                                                                                                                |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| WATER                                                                                                                                                                                 |                          |                                                                                                                                                                                                    |                                     |                                     |                                     |                                               |                          |                                                                                                                                                                                                |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| EMS:                                                                                                                                                                                  |                          |                                                                                                                                                                                                    |                                     |                                     | Req #:                              |                                               |                          |                                                                                                                                                                                                |                          | Cond.: 20                                                                                                                     |                                                                                                    |                                      |                          |                          |
| Temp: 9                                                                                                                                                                               |                          |                                                                                                                                                                                                    |                                     |                                     | Method: T3                          |                                               |                          |                                                                                                                                                                                                |                          | Method: S4                                                                                                                    |                                                                                                    |                                      |                          |                          |
| pH: 7.1                                                                                                                                                                               |                          |                                                                                                                                                                                                    |                                     |                                     | Method: P2                          |                                               |                          |                                                                                                                                                                                                |                          | Method: GE                                                                                                                    |                                                                                                    |                                      |                          |                          |
| Flood Signs: NONE                                                                                                                                                                     |                          |                                                                                                                                                                                                    |                                     |                                     | Method: GE                          |                                               |                          |                                                                                                                                                                                                |                          | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                                                                                                    |                                      |                          |                          |
| MORPHOLOGY                                                                                                                                                                            |                          |                                                                                                                                                                                                    |                                     |                                     |                                     |                                               |                          |                                                                                                                                                                                                |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| Bed Material:                                                                                                                                                                         |                          | Dominant: B                                                                                                                                                                                        |                                     | Subdom: R                           |                                     | O1                                            |                          | B1                                                                                                                                                                                             | B2                       | B3                                                                                                                            | D1                                                                                                 | D2                                   | D3                       |                          |
| D95: 80.0                                                                                                                                                                             |                          | D (cm): 20.00                                                                                                                                                                                      |                                     | Morph: CP                           |                                     |                                               |                          | <input type="checkbox"/>                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                      | <input type="checkbox"/>                                                                           | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> |
| Pattern: SI                                                                                                                                                                           |                          |                                                                                                                                                                                                    |                                     |                                     |                                     | DISTURBANCE INDICATORS                        |                          | C1                                                                                                                                                                                             | C2                       | C3                                                                                                                            | C4                                                                                                 | C5                                   | S1                       | S2                       |
| Islands: N                                                                                                                                                                            |                          |                                                                                                                                                                                                    |                                     |                                     |                                     |                                               |                          | <input type="checkbox"/>                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                      | <input type="checkbox"/>                                                                           | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> |
| Coupling: CO                                                                                                                                                                          |                          |                                                                                                                                                                                                    |                                     |                                     |                                     |                                               |                          | <input type="checkbox"/>                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                      | <input type="checkbox"/>                                                                           | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> |
| Confinement: CO                                                                                                                                                                       |                          |                                                                                                                                                                                                    |                                     |                                     |                                     |                                               |                          | <input type="checkbox"/>                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                      | <input type="checkbox"/>                                                                           | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> |
| FSZ <input type="checkbox"/>                                                                                                                                                          |                          |                                                                                                                                                                                                    |                                     |                                     |                                     |                                               |                          | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| HABITAT QUALITY                                                                                                                                                                       |                          |                                                                                                                                                                                                    |                                     |                                     |                                     |                                               |                          |                                                                                                                                                                                                |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| Name                                                                                                                                                                                  |                          | Comments                                                                                                                                                                                           |                                     |                                     |                                     |                                               |                          |                                                                                                                                                                                                |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| Overwinter Habitat                                                                                                                                                                    |                          | Overwintering habitat is present                                                                                                                                                                   |                                     |                                     |                                     |                                               |                          |                                                                                                                                                                                                |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| Rearing Habitat                                                                                                                                                                       |                          | Marginal rearing habitat for juvenile salmonids. Turbulent pools and short 30-40 cm cascades, adults could hold in larger pools. Upstream movement of juveniles would be limited by water velocity |                                     |                                     |                                     |                                               |                          |                                                                                                                                                                                                |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| Spawning Habitat                                                                                                                                                                      |                          | No spawning habitat was observed-high velocity cascade pool habitat. Bedrock and large boulder substrates                                                                                          |                                     |                                     |                                     |                                               |                          |                                                                                                                                                                                                |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| PHOTOS                                                                                                                                                                                |                          |                                                                                                                                                                                                    |                                     |                                     |                                     |                                               |                          |                                                                                                                                                                                                |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| Photo                                                                                                                                                                                 |                          | Foc Lg                                                                                                                                                                                             |                                     | Dir                                 |                                     | Comments                                      |                          |                                                                                                                                                                                                |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| R: 12                                                                                                                                                                                 | F: 10                    | STD                                                                                                                                                                                                |                                     | D                                   |                                     | Downstream photo of a cascade pool complex    |                          |                                                                                                                                                                                                |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| R: 12                                                                                                                                                                                 | F: 9                     | STD                                                                                                                                                                                                |                                     | U                                   |                                     | Upstream photo of short cascades over bedrock |                          |                                                                                                                                                                                                |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |
| COMMENTS                                                                                                                                                                              |                          |                                                                                                                                                                                                    |                                     |                                     |                                     |                                               |                          |                                                                                                                                                                                                |                          |                                                                                                                               |                                                                                                    |                                      |                          |                          |

## FDIS Site Card

|                                                                        | Reach # | ILP Map # | ILP # | Site |
|------------------------------------------------------------------------|---------|-----------|-------|------|
| Watershed Code: 400-362300-74700-00000-00000-00000-000-000-000-000-000 | 2.0     |           |       | 632  |

| Section   | Comments                                                          |
|-----------|-------------------------------------------------------------------|
| SITE CARD | Fish form 30537                                                   |
| CHANNEL   | Barriers downstream prevent upstream fish migration to this reach |
| CHANNEL   | S5 Stream                                                         |



# FDIS Fish Form

Reach #      ILP Map #      ILP #

Watershed Code:      400-362300-74700-00000-00000-000-000-000-000-000

2.0

| WATERBODY                                                   |          |        |                          |                  |                |                |                |              |                               |                 |                |                                    |        |        |         |
|-------------------------------------------------------------|----------|--------|--------------------------|------------------|----------------|----------------|----------------|--------------|-------------------------------|-----------------|----------------|------------------------------------|--------|--------|---------|
| Gazetted Name:                                              |          |        |                          |                  |                |                |                |              |                               | Local: None     |                |                                    |        |        |         |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-0 |          |        |                          |                  |                |                |                |              |                               |                 |                |                                    |        |        |         |
| WS Code: 400-362300-74700-00000-0000-000-000-000-000-000    |          |        |                          |                  |                |                |                |              |                               |                 |                |                                    |        |        |         |
| Waterbody ID:                                               |          |        |                          |                  | ILP Map #:     |                |                |              |                               | ILP #:          |                | Reach #: 2 -                       |        |        |         |
| Project ID: 3476                                            |          |        |                          |                  | Lake/Stream: S |                |                |              |                               | Lake From Date: |                |                                    |        |        |         |
| Fish Permit #:                                              |          | 25350K |                          | Date: 2000/08/04 |                | To: 2000/08/04 |                | Agency: C172 |                               | Crew: EM/JD/JH/ |                | Resample: <input type="checkbox"/> |        |        |         |
| SITE / METHOD                                               |          |        |                          |                  |                |                |                |              |                               |                 |                |                                    |        |        |         |
| Site#                                                       | NID Map  | NID #  | UTM:Zone/East/North/Mthd |                  |                |                | MTD/NO         | Temp         | Cond                          | Turbid          | Comment        |                                    |        |        |         |
| 708                                                         | 103P.020 | 70508  |                          |                  |                |                | EF 1           | 8            | 80                            | C               | Above cascade  |                                    |        |        |         |
| 633                                                         | 103P.020 | 60033  |                          |                  |                |                | EF 1           | 12           | 40                            | C               | Below cascade  |                                    |        |        |         |
| 632                                                         | 103P.030 | 60032  |                          |                  |                |                | EF 1           | 9            | 20                            | C               | Above cascade  |                                    |        |        |         |
| A. GEAR SETTINGS                                            |          |        |                          |                  |                |                |                |              |                               |                 |                |                                    |        |        |         |
| Site#                                                       | MTD/NO   | H/P    | Date In                  | Time In          | Date Out       | Time Out       | Comment        |              |                               |                 |                |                                    |        |        |         |
| 708                                                         | EF 1     | 1      | 2000/08/04               | 13:10            | 2000/08/04     | 15:30          |                |              |                               |                 |                |                                    |        |        |         |
| 633                                                         | EF 1     | 1      | 2000/08/04               | 13:15            | 2000/08/04     | 14:00          |                |              |                               |                 |                |                                    |        |        |         |
| 632                                                         | EF 1     | 1      | 2000/08/04               | 11:25            | 2000/08/04     | 12:15          |                |              |                               |                 |                |                                    |        |        |         |
| C. ELECTROFISHER SPECIFICATIONS                             |          |        |                          |                  |                |                |                |              |                               |                 |                |                                    |        |        |         |
| Site#                                                       | MTD/NO   | H/P    | Encl                     | Sec              | Lnth           | Width          | Voltage        | Frequency    | Pulse                         | Make            | Model          |                                    |        |        |         |
| 708                                                         | EF       | 1      | 1                        | O                | 1200           | 750.0          | 6.0            | 600          | 60                            | 6               | SMITH ROOT 12B |                                    |        |        |         |
| 633                                                         | EF       | 1      | 1                        | O                | 126            | 100.0          | 5.0            | 600          | 60                            | 6               | SMITH ROOT 12B |                                    |        |        |         |
| 632                                                         | EF       | 1      | 1                        | O                | 896            | 500.0          | 5.0            | 600          | 60                            | 6               | SMITH ROOT 12B |                                    |        |        |         |
| FISH SUMMARY                                                |          |        |                          |                  |                |                |                |              |                               |                 |                |                                    |        |        |         |
| Site#                                                       | MTD/NO   | H/P    | Species                  | Stage            | Age            | Total #        | Lgth (Min/Max) | FishAct      | Comment                       |                 |                |                                    |        |        |         |
| 708                                                         | EF       | 1      | 1                        | NFC              |                | 0              |                |              |                               |                 |                |                                    |        |        |         |
| 633                                                         | EF       | 1      | 1                        | DV               | J              | 6              | 115 156        | R            | Fish caught below the cascade |                 |                |                                    |        |        |         |
| 632                                                         | EF       | 1      | 1                        | NFC              |                | 0              |                |              |                               |                 |                |                                    |        |        |         |
| INDIVIDUAL FISH DATA                                        |          |        |                          |                  |                |                |                |              |                               |                 |                |                                    |        |        |         |
| Site#                                                       | MTD/NO   | H/P    | Species                  | Length           | Weight         | Sex            | Mat            | Age          |                               | Vch#            | Genetic        |                                    | Roll # | Frame# | Comment |
|                                                             |          |        |                          |                  |                |                |                | Str/Smpl#    | Age                           |                 | Str/Smpl#      |                                    |        |        |         |
| 633                                                         | EF       | 1      | 1                        | DV               | 115            |                | U              | U            |                               |                 |                |                                    |        |        |         |
| 633                                                         | EF       | 1      | 1                        | DV               | 146            |                | U              | U            |                               |                 |                |                                    |        |        |         |
| 633                                                         | EF       | 1      | 1                        | DV               | 156            |                | U              | U            |                               |                 |                |                                    |        |        |         |
| 633                                                         | EF       | 1      | 1                        | DV               | 139            |                | U              | U            |                               |                 |                |                                    |        |        |         |
| 633                                                         | EF       | 1      | 1                        | DV               | 142            |                | U              | U            |                               |                 |                |                                    |        |        |         |
| 633                                                         | EF       | 1      | 1                        | DV               | 121            |                | U              | U            |                               |                 |                |                                    |        |        |         |





Site #632, Downstream photo of a cascade pool complex  
Roll #12, Frame #10, Date: 2000/08/04



Site #632, Upstream photo of short cascades over bedrock  
Roll #12, Frame #9, Date: 2000/08/04



# Stream Reach/Site Summary Report

**Watershed Code:** 400-362300-74700-00000-00000-00000-000-000-000-000-000

| Reach # | ILP Map # | ILP # |
|---------|-----------|-------|
| 2.0     |           |       |

| SITE                                                                                               |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                               |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------|-------|------------------------------|--------------------|---------|-------|------|----|-------------------|---------|------|-------|---|---------------|------|-----|-----|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------|------------|------|----|----|---|-----------------|------|------|-------|---|
| Site #: 633                                                                                        |                                                                                       | GIS UTM (Zone/East/North)<br>9    556653    6116768                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date: 2000/08/04                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            | Agency: C172                                                                                                                  |          |       | Crew: EM/JD                  |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| Site Lg (m): 100                                                                                   |                                                                                       | Ref. Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                               |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| CHANNEL                                                                                            |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                               |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Avg</th> <th>Min</th> <th>Max</th> <th>#</th> </tr> <tr> <td>Channel Width (m):</td> <td>7.97</td> <td>6.820</td> <td>9.29</td> <td>6</td> </tr> <tr> <td>Wetted Width (m):</td> <td>4.93</td> <td>3.81</td> <td>6.210</td> <td>6</td> </tr> <tr> <td>Wb Depth (m):</td> <td>1.23</td> <td>1.1</td> <td>1.3</td> <td>3</td> </tr> </table> |                                                                            | Avg                                                                                                                           | Min      | Max   | #                            | Channel Width (m): | 7.97    | 6.820 | 9.29 | 6  | Wetted Width (m): | 4.93    | 3.81 | 6.210 | 6 | Wb Depth (m): | 1.23 | 1.1 | 1.3 | 3           | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Avg %</th> <th>Min %</th> <th>Max %</th> <th>#</th> </tr> <tr> <td>Gadient %:</td> <td>7.75</td> <td>10</td> <td>10</td> <td>4</td> </tr> <tr> <td>Pool Depth (m):</td> <td>0.50</td> <td>0.29</td> <td>0.670</td> <td>6</td> </tr> </table> |                                                                                       |                                                                                       |                                                                            | Avg %                                                                                 | Min %                                                                                 | Max %                                                                      | #                             | Gadient %: | 7.75 | 10 | 10 | 4 | Pool Depth (m): | 0.50 | 0.29 | 0.670 | 6 |
| Avg                                                                                                | Min                                                                                   | Max                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | #                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                               |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| Channel Width (m):                                                                                 | 7.97                                                                                  | 6.820                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9.29                                                                                  | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                               |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| Wetted Width (m):                                                                                  | 4.93                                                                                  | 3.81                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 6.210                                                                                 | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                               |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| Wb Depth (m):                                                                                      | 1.23                                                                                  | 1.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1.3                                                                                   | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                               |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| Avg %                                                                                              | Min %                                                                                 | Max %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | #                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                               |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| Gadient %:                                                                                         | 7.75                                                                                  | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10                                                                                    | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                               |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| Pool Depth (m):                                                                                    | 0.50                                                                                  | 0.29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0.670                                                                                 | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                               |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                      |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                               |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                                                                       | Temp (C): 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       | pH: 7.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       | Cond.: 40                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| MORPHOLOGY                                                                                         |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                               |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| Bed Material: Dominant: C                                                                          |                                                                                       | Subdom: B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                               |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| D95: 60.00                                                                                         |                                                                                       | D (cm): 45.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                               |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| Pattern: IR                                                                                        |                                                                                       | Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                               |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| Coupling: PC                                                                                       |                                                                                       | Confinement: FC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       | <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> O1   B1   B2   B3   D1   D2   D3<br/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="text-align: center;"> C1   C2   C3   C4   C5   S1   S2   S3   S4   S5<br/> <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"/> </div> </div> |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                               |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| Morph: CP                                                                                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                               |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| COVER                                                                                              |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                               |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| Total: A                                                                                           |                                                                                       | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> <tr> <td>Amount:</td> <td>T</td> <td>S</td> <td>D</td> <td>N</td> <td>S</td> <td>T</td> <td>N</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                               |          | Type: | SWD                          | LWD                | B       | U     | DP   | OV | IV                | Amount: | T    | S     | D | N             | S    | T   | N   | Loc: P/S/O: | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | FSZ: <input type="checkbox"/> |            |      |    |    |   |                 |      |      |       |   |
| Type:                                                                                              | SWD                                                                                   | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | B                                                                                     | U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DP                                                                                    | OV                                                                                                                                                                                                                                                                                                                                                                                                                    | IV                                                                         |                                                                                                                               |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| Amount:                                                                                            | T                                                                                     | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D                                                                                     | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | S                                                                                     | T                                                                                                                                                                                                                                                                                                                                                                                                                     | N                                                                          |                                                                                                                               |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| Loc: P/S/O:                                                                                        | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                                                                                                               |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| LWD: A                                                                                             |                                                                                       | DIST: E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                               |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| RB SHP: S                                                                                          |                                                                                       | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       | RIP: C                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | STG: MF                                                                                                                       |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| LB SHP: S                                                                                          |                                                                                       | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       | RIP: C                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | STG: MF                                                                                                                       |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| FEATURES                                                                                           |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                               |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| NID Map                                                                                            | NID                                                                                   | Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Hgt                                                                                   | Method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lg                                                                                    | Method                                                                                                                                                                                                                                                                                                                                                                                                                | Photo                                                                      |                                                                                                                               | AirPhoto |       | UTM (Zone/East/North/Method) |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| 103P.020                                                                                           | 88090                                                                                 | C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6.0                                                                                   | AE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2                                                                                     | AE                                                                                                                                                                                                                                                                                                                                                                                                                    | R:                                                                         | F:                                                                                                                            | L:       | #:    | 9                            | 555526             | 6116932 | GIS   |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |
| Comments: Barrier to upstream fish migration                                                       |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                               |          |       |                              |                    |         |       |      |    |                   |         |      |       |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                            |                               |            |      |    |    |   |                 |      |      |       |   |

# FDIS Site Card

Watershed Code: 400-362300-74700-00000-0000-0000-000-000-000-000-000  
 Reach # 2.0 ILP Map # ILP # 633 Site 633

| PROJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                              |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
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| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                              |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    | Project Code: 3476                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                              |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| Project Watershed Code: 400-000000-00000-00000-0000-0000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                              |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| WATERSHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                              |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| Gazetted Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                              |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    | Local Name: None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| Watershed Code: 400-362300-74700-00000-0000-0000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                              |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| ILP Map#:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | ILP #:                                                                       |                                     | NID Map #: 103P.020      |                                     | NID #: 60033                        |                          | Reach #: 2.0                                                                                                                         |                                                                                                    | Site #: 633                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| Field UTM(Zone/East/North/Method)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                              |                                     | GIS UTM(Zone/East/North) |                                     |                                     |                          | Site Lg: 100                                                                                                                         |                                                                                                    | Method: HC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                              | Access: H |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| 9 556653 6116768                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                              |                                     |                          |                                     |                                     |                          | Ref. Name:                                                                                                                           |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| Date: 2000/08/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | Time: 13:15                                                                  |                                     | Agency: C172             |                                     | Crew: EM/JD                         |                          | Fish Crd?: <input checked="" type="checkbox"/>                                                                                       |                                                                                                    | Incomplete: <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| CHANNEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                              |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Mtd</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Channel Width (m):</td> <td>T</td> <td>8.51</td> <td>8.32</td> <td>7.41</td> <td>6.82</td> <td>7.46</td> <td>9.29</td> <td></td> <td></td> <td></td> <td></td> <td>7.97</td> </tr> <tr> <td>Wetted Width (m):</td> <td>T</td> <td>6.21</td> <td>5.31</td> <td>4.62</td> <td>3.81</td> <td>4.29</td> <td>5.32</td> <td></td> <td></td> <td></td> <td></td> <td>4.93</td> </tr> <tr> <td>Pool Depth (m):</td> <td>MS</td> <td>0.41</td> <td>0.53</td> <td>0.62</td> <td>0.29</td> <td>0.46</td> <td>0.67</td> <td></td> <td></td> <td></td> <td></td> <td>0.50</td> </tr> </tbody> </table> |                                     |                                                                              |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           | Mtd     | width | width | width   | width | width | width | width | width | width                    | width                    | Avg                      | Channel Width (m):                  | T                                   | 8.51                                | 8.32                     | 7.41                                | 6.82                                | 7.46                     | 9.29                     |                          |                          |  |  | 7.97 | Wetted Width (m): | T | 6.21 | 5.31 | 4.62 | 3.81 | 4.29 | 5.32 |  |  |  |  | 4.93 | Pool Depth (m): | MS | 0.41 | 0.53 | 0.62 | 0.29 | 0.46 | 0.67 |  |  |  |  | 0.50 | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Gadient %</th> <th>Mtd</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Method I:</td> <td>8.0 10.0</td> <td>AL</td> <td>7.75</td> </tr> <tr> <td>Method II:</td> <td>6.0 7.0</td> <td>AL</td> <td></td> </tr> </tbody> </table> |  |  |  | Gadient % | Mtd | Avg | Method I: | 8.0 10.0 | AL | 7.75 | Method II: | 6.0 7.0 | AL |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mtd                                 | width                                                                        | width                               | width                    | width                               | width                               | width                    | width                                                                                                                                | width                                                                                              | width                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | width                                                                                                                                        | Avg       |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| Channel Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | T                                   | 8.51                                                                         | 8.32                                | 7.41                     | 6.82                                | 7.46                                | 9.29                     |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              | 7.97      |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| Wetted Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | T                                   | 6.21                                                                         | 5.31                                | 4.62                     | 3.81                                | 4.29                                | 5.32                     |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              | 4.93      |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| Pool Depth (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MS                                  | 0.41                                                                         | 0.53                                | 0.62                     | 0.29                                | 0.46                                | 0.67                     |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              | 0.50      |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Gadient %                           | Mtd                                                                          | Avg                                 |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| Method I:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8.0 10.0                            | AL                                                                           | 7.75                                |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| Method II:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6.0 7.0                             | AL                                                                           |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| Wb Depth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | 1.1                                                                          | 1.3                                 | 1.3                      | Avg: 1.23                           |                                     | Method: MS               |                                                                                                                                      | Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/><br>Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/> |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| COVER Total: A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                              |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> </thead> <tbody> <tr> <td>Amount:</td> <td>T</td> <td>S</td> <td>D</td> <td>N</td> <td>S</td> <td>T</td> <td>N</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                                                                           |                                     |                                                                              |                                     |                          |                                     |                                     |                          | Type:                                                                                                                                | SWD                                                                                                | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | B                                                                                                                                            | U         | DP      | OV    | IV    | Amount: | T     | S     | D     | N     | S     | T                        | N                        | Loc: P/S/O:              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CROWN CLOSURE            |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SWD                                 | LWD                                                                          | B                                   | U                        | DP                                  | OV                                  | IV                       |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                              |                                     |                          |                                     |                                     |                          | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| LWD: A DIST: E<br>LB SHP: S<br>Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A<br>RIP: C<br>STG: MF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                              |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| RB SHP: S<br>Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A<br>RIP: C<br>STG: MF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                              |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                              |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| EMS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                              |                                     |                          | Req #:                              |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| Temp: 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                              |                                     |                          | Method: T3                          |                                     |                          |                                                                                                                                      |                                                                                                    | Cond.: 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| pH: 7.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                              |                                     |                          | Method: P2                          |                                     |                          |                                                                                                                                      |                                                                                                    | Method: S4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| Flood Signs: SMALL DEBRIS JA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                              |                                     |                          | Method: GE                          |                                     |                          |                                                                                                                                      |                                                                                                    | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C Method: GE                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| MORPHOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                              |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| Bed Material: Dominant: C Subdom: B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                              |                                     |                          | D95: 60.0 D (cm): 45.00 Morph: CP   |                                     |                          |                                                                                                                                      |                                                                                                    | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>O1</th> <th>B1</th> <th>B2</th> <th>B3</th> <th>D1</th> <th>D2</th> <th>D3</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                           |                                                                                                                                              |           |         |       | O1    | B1      | B2    | B3    | D1    | D2    | D3    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| O1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | B1                                  | B2                                                                           | B3                                  | D1                       | D2                                  | D3                                  |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
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| Pattern: IR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                              |                                     |                          | DISTURBANCE INDICATORS              |                                     |                          |                                                                                                                                      |                                                                                                    | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>C1</th> <th>C2</th> <th>C3</th> <th>C4</th> <th>C5</th> <th>S1</th> <th>S2</th> <th>S3</th> <th>S4</th> <th>S5</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                                                                                                                                              |           |         |       | C1    | C2      | C3    | C4    | C5    | S1    | S2    | S3                       | S4                       | S5                       | <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"/> |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| C1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | C2                                  | C3                                                                           | C4                                  | C5                       | S1                                  | S2                                  | S3                       | S4                                                                                                                                   | S5                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
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| Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                              |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| Coupling: PC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                              |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| Confinement: FC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                              |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| FSZ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                              |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| FEATURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                              |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| NID Map                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NID                                 | Type                                                                         | Hgt                                 | Method                   | Lg                                  | Method                              | Photo                    |                                                                                                                                      | AirPhoto                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | UTM (Zone/East/North/Method)                                                                                                                 |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| 103P.020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 88090                               | C                                                                            | 6.0                                 | AE                       | 2                                   | AE                                  | R:                       | F:                                                                                                                                   | L:                                                                                                 | #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 9                                                                                                                                            | 555526    | 6116932 | GIS   |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| Comments: Barrier to upstream fish migration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                              |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| HABITAT QUALITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                              |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | Comments                                                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| Spawning Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | Poor spawning habitat-high gradient, large substrates                        |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| Rearing Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | Moderate rearing habitat-abundant cover, deep pools, high habitat complexity |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| PHOTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                              |                                     |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |
| Photo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Foc Lg                              | Dir                                                                          | Comments                            |                          |                                     |                                     |                          |                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                              |           |         |       |       |         |       |       |       |       |       |                          |                          |                          |                                     |                                     |                                     |                          |                                     |                                     |                          |                          |                          |                          |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                |  |  |  |           |     |     |           |          |    |      |            |         |    |  |



FDIS Site Card

|                                                                      |    |                                                                                                         |    |         |           |                                                     |      |
|----------------------------------------------------------------------|----|---------------------------------------------------------------------------------------------------------|----|---------|-----------|-----------------------------------------------------|------|
|                                                                      |    |                                                                                                         |    | Reach # | ILP Map # | ILP #                                               | Site |
| Watershed Code: 400-362300-74700-00000-0000-0000-000-000-000-000-000 |    |                                                                                                         |    | 2.0     |           |                                                     | 633  |
| PHOTOS                                                               |    |                                                                                                         |    |         |           |                                                     |      |
| Photo                                                                |    | Foc Lg                                                                                                  |    | Dir     | Comments  |                                                     |      |
| R:                                                                   | 12 | F:                                                                                                      | 11 | STD     | U         | Upstream photo of LWD jams and casacde pool habitat |      |
| R:                                                                   | 12 | F:                                                                                                      | 12 | STD     | D         | Downstream photo of spanning LWD                    |      |
| COMMENTS                                                             |    |                                                                                                         |    |         |           |                                                     |      |
| Section                                                              |    | Comments                                                                                                |    |         |           |                                                     |      |
| SITE CARD                                                            |    | Fish form 30538                                                                                         |    |         |           |                                                     |      |
| CHANNEL                                                              |    | DV Captured. Cascades located 1200 m upstream of road crossing are a barrier to upstream fish migration |    |         |           |                                                     |      |
| CHANNEL                                                              |    | S2 Stream                                                                                               |    |         |           |                                                     |      |

# FDIS Fish Form

Reach # ILP Map # ILP #

Watershed Code: 400-362300-74700-00000-00000-000-000-000-000-000

2.0

| WATERBODY                                                   |          |        |                          |                  |            |                |                |                 |                               |                 |            |                                    |         |
|-------------------------------------------------------------|----------|--------|--------------------------|------------------|------------|----------------|----------------|-----------------|-------------------------------|-----------------|------------|------------------------------------|---------|
| Gazetted Name:                                              |          |        |                          |                  |            |                |                |                 |                               | Local: None     |            |                                    |         |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-0 |          |        |                          |                  |            |                |                |                 |                               |                 |            |                                    |         |
| WS Code: 400-362300-74700-00000-0000-000-000-000-000-000    |          |        |                          |                  |            |                |                |                 |                               |                 |            |                                    |         |
| Waterbody ID:                                               |          |        |                          | ILP Map #:       |            |                |                | ILP #:          |                               | Reach #: 2 -    |            |                                    |         |
| Project ID: 3476                                            |          |        |                          | Lake/Stream: S   |            |                |                | Lake From Date: |                               |                 |            |                                    |         |
| Fish Permit #:                                              |          | 25350K |                          | Date: 2000/08/04 |            | To: 2000/08/04 |                | Agency: C172    |                               | Crew: EM/JD/JH/ |            | Resample: <input type="checkbox"/> |         |
| SITE / METHOD                                               |          |        |                          |                  |            |                |                |                 |                               |                 |            |                                    |         |
| Site#                                                       | NID Map  | NID #  | UTM:Zone/East/North/Mthd |                  |            | MTD/NO         | Temp           | Cond            | Turbid                        | Comment         |            |                                    |         |
| 708                                                         | 103P.020 | 70508  |                          |                  |            | EF 1           | 8              | 80              | C                             | Above cascade   |            |                                    |         |
| 633                                                         | 103P.020 | 60033  |                          |                  |            | EF 1           | 12             | 40              | C                             | Below cascade   |            |                                    |         |
| 632                                                         | 103P.030 | 60032  |                          |                  |            | EF 1           | 9              | 20              | C                             | Above cascade   |            |                                    |         |
| A. GEAR SETTINGS                                            |          |        |                          |                  |            |                |                |                 |                               |                 |            |                                    |         |
| Site#                                                       | MTD/NO   | H/P    | Date In                  | Time In          | Date Out   | Time Out       | Comment        |                 |                               |                 |            |                                    |         |
| 708                                                         | EF 1     | 1      | 2000/08/04               | 13:10            | 2000/08/04 | 15:30          |                |                 |                               |                 |            |                                    |         |
| 633                                                         | EF 1     | 1      | 2000/08/04               | 13:15            | 2000/08/04 | 14:00          |                |                 |                               |                 |            |                                    |         |
| 632                                                         | EF 1     | 1      | 2000/08/04               | 11:25            | 2000/08/04 | 12:15          |                |                 |                               |                 |            |                                    |         |
| C. ELECTROFISHER SPECIFICATIONS                             |          |        |                          |                  |            |                |                |                 |                               |                 |            |                                    |         |
| Site#                                                       | MTD/NO   | H/P    | Encl                     | Sec              | Lnth       | Width          | Voltage        | Frequency       | Pulse                         | Make            | Model      |                                    |         |
| 708                                                         | EF       | 1      | 1                        | O                | 1200       | 750.0          | 6.0            | 600             | 60                            | 6               | SMITH ROOT | 12B                                |         |
| 633                                                         | EF       | 1      | 1                        | O                | 126        | 100.0          | 5.0            | 600             | 60                            | 6               | SMITH ROOT | 12B                                |         |
| 632                                                         | EF       | 1      | 1                        | O                | 896        | 500.0          | 5.0            | 600             | 60                            | 6               | SMITH ROOT | 12B                                |         |
| FISH SUMMARY                                                |          |        |                          |                  |            |                |                |                 |                               |                 |            |                                    |         |
| Site#                                                       | MTD/NO   | H/P    | Species                  | Stage            | Age        | Total #        | Lgth (Min/Max) | FishAct         | Comment                       |                 |            |                                    |         |
| 708                                                         | EF       | 1      | 1                        | NFC              |            | 0              |                |                 |                               |                 |            |                                    |         |
| 633                                                         | EF       | 1      | 1                        | DV               | J          | 6              | 115 156        | R               | Fish caught below the cascade |                 |            |                                    |         |
| 632                                                         | EF       | 1      | 1                        | NFC              |            | 0              |                |                 |                               |                 |            |                                    |         |
| INDIVIDUAL FISH DATA                                        |          |        |                          |                  |            |                |                |                 |                               |                 |            |                                    |         |
| Site#                                                       | MTD/NO   | H/P    | Species                  | Length           | Weight     | Sex            | Mat            | Age             | Vch#                          | Genetic         | Roll #     | Frame#                             | Comment |
|                                                             |          |        |                          |                  |            |                |                | Str/Smpl#Age    |                               | Str/Smpl#       |            |                                    |         |
| 633                                                         | EF       | 1      | 1                        | DV               | 115        |                | U              | U               |                               |                 |            |                                    |         |
| 633                                                         | EF       | 1      | 1                        | DV               | 146        |                | U              | U               |                               |                 |            |                                    |         |
| 633                                                         | EF       | 1      | 1                        | DV               | 156        |                | U              | U               |                               |                 |            |                                    |         |
| 633                                                         | EF       | 1      | 1                        | DV               | 139        |                | U              | U               |                               |                 |            |                                    |         |
| 633                                                         | EF       | 1      | 1                        | DV               | 142        |                | U              | U               |                               |                 |            |                                    |         |
| 633                                                         | EF       | 1      | 1                        | DV               | 121        |                | U              | U               |                               |                 |            |                                    |         |





Site #633, Downstream photo of spanning LWD  
Roll #12, Frame #12, Date: 2000/08/04



Site #633, Upstream photo of LWD jams and cascade pool habitat  
Roll #12, Frame #11, Date: 2000/08/04



## Stream Reach/Site Summary Report

| Reach # | ILP Map # | ILP # |
|---------|-----------|-------|
|---------|-----------|-------|

**Watershed Code:** 400-362300-25100-00000-0000-0000-000-000-000-000-000-000

5.0

| STREAM REFERENCING                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
|----------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----|--------------------|-------|-------|------|----|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------|-------|---|------------|-------|----|----|---|-----------------|------|------|------|---|
| Gazetted Name:                                                                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Local Name: None                    |                          |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| Watershed Code: 400-362300-25100-00000-0000-0000-000-000-000-000-000                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ILP Map #:                          |                          | ILP #:                   |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| REACH                                                                                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| Reach #: 5.0                                                                                       |                          | UTM(Zone/East/North): 9.552948.6111601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Sample Type: B                      |                          |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| Length (km): .73                                                                                   |                          | Gradient (%): 18.77                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | US Elev (m): 1178                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | Order: 3                 |                          | Magnitude: 10                                                                                                                 |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| Confinement: CO                                                                                    |                          | Coupling: CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | Open water: A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | BGC Zone: ESSF           |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| Islands: N                                                                                         |                          | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | Riparian Veg.: M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | Landuse: NO              |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| SITE                                                                                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| Site #: 634                                                                                        |                          | GIS UTM(Zone/East/North)<br>9 553409 6111503                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | Date: 2000/08/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | Agency: C172             |                          | Crew: EM/JD                                                                                                                   |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| Site Lg (m): 100                                                                                   |                          | Ref. Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| CHANNEL                                                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                          | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Avg</th> <th>Min</th> <th>Max</th> <th>#</th> </tr> </thead> <tbody> <tr> <td>Channel Width (m):</td> <td>16.55</td> <td>14.30</td> <td>20.3</td> <td>6</td> </tr> <tr> <td>Wetted Width (m):</td> <td>4.20</td> <td>2.900</td> <td>6.6</td> <td>6</td> </tr> <tr> <td>Wb Depth (m):</td> <td>0.63</td> <td>0.6</td> <td>0.7</td> <td>3</td> </tr> </tbody> </table>                                                                                                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          | Avg                      | Min                                                                                                                           | Max                      | #   | Channel Width (m): | 16.55 | 14.30 | 20.3 | 6  | Wetted Width (m): | 4.20                     | 2.900                    | 6.6                      | 6                        | Wb Depth (m):            | 0.63                     | 0.6                                 | 0.7                      | 3                        | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Avg %</th> <th>Min %</th> <th>Max %</th> <th>#</th> </tr> </thead> <tbody> <tr> <td>Gadient %:</td> <td>11.50</td> <td>10</td> <td>12</td> <td>4</td> </tr> <tr> <td>Pool Depth (m):</td> <td>0.27</td> <td>0.21</td> <td>0.38</td> <td>6</td> </tr> </tbody> </table> |                                     |                          |                                     |                          | Avg %                    | Min %                         | Max % | # | Gadient %: | 11.50 | 10 | 12 | 4 | Pool Depth (m): | 0.27 | 0.21 | 0.38 | 6 |
|                                                                                                    | Avg                      | Min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Max                                 | #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                          |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| Channel Width (m):                                                                                 | 16.55                    | 14.30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 20.3                                | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                          |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| Wetted Width (m):                                                                                  | 4.20                     | 2.900                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6.6                                 | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                          |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| Wb Depth (m):                                                                                      | 0.63                     | 0.6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0.7                                 | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                          |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
|                                                                                                    | Avg %                    | Min %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Max %                               | #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                          |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| Gadient %:                                                                                         | 11.50                    | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12                                  | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                          |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| Pool Depth (m):                                                                                    | 0.27                     | 0.21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0.38                                | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                          |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                      |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                          | Temp (C): 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | pH: 7.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | Cond.: 40                |                          | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| MORPHOLOGY                                                                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| Bed Material: Dominant: C                                                                          |                          | Subdom: B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | Bars: <input type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input checked="" type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                          |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| D95: 95.00                                                                                         |                          | D (cm): 60.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | <table style="width:100%; text-align: center;"> <tr> <td>O1</td><td>B1</td><td>B2</td><td>B3</td><td>D1</td><td>D2</td><td>D3</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>                                                                                                                                                                                                              |                                     |                          |                          |                                                                                                                               |                          | O1  | B1                 | B2    | B3    | D1   | D2 | D3                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| O1                                                                                                 | B1                       | B2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | B3                                  | D1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D2                                  | D3                       |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| <input type="checkbox"/>                                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/> |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| Pattern: SI                                                                                        |                          | Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | <div style="text-align: center;">DISTURBANCE INDICATORS</div> <table style="width:100%; text-align: center;"> <tr> <td>C1</td><td>C2</td><td>C3</td><td>C4</td><td>C5</td><td>S1</td><td>S2</td><td>S3</td><td>S4</td><td>S5</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |                                     |                          |                          |                                                                                                                               |                          | C1  | C2                 | C3    | C4    | C5   | S1 | S2                | S3                       | S4                       | S5                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| C1                                                                                                 | C2                       | C3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C4                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                          |                                                                                                                               |                          | C5  | S1                 | S2    | S3    | S4   | S5 |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| <input type="checkbox"/>                                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                      | <input type="checkbox"/> |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| Coupling: CO                                                                                       |                          | Confinement: CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| Morph: CP                                                                                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| COVER                                                                                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| Total: A                                                                                           |                          | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> </thead> <tbody> <tr> <td>Amount:</td> <td>N</td> <td>N</td> <td>D</td> <td>N</td> <td>S</td> <td>N</td> <td>N</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </tbody> </table> |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                          | Type:                                                                                                                         | SWD                      | LWD | B                  | U     | DP    | OV   | IV | Amount:           | N                        | N                        | D                        | N                        | S                        | N                        | N                                   | Loc: P/S/O:              | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FSZ: <input type="checkbox"/> |       |   |            |       |    |    |   |                 |      |      |      |   |
| Type:                                                                                              | SWD                      | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | B                                   | U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DP                                  | OV                       | IV                       |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| Amount:                                                                                            | N                        | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | D                                   | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | S                                   | N                        | N                        |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| Loc: P/S/O:                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| LWD: N                                                                                             |                          | DIST: NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                          |                          | CROWN CLOSURE<br>0 0%                                                                                                         |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| RB SHP: S                                                                                          |                          | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | RIP: G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | STG: INIT                |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| LB SHP: S                                                                                          |                          | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | RIP: G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | STG: INIT                |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| FISH                                                                                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |                          |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| Site Number                                                                                        | Capture Method           | Number of Events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total Length (m)                    | Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Voltage                             | Species                  | Total Fish               | Minimum Length (mm)                                                                                                           | Maximum Length (mm)      |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |
| 634                                                                                                | EF                       | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 100                                 | 215 sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 600                                 | NFC                      | 0                        |                                                                                                                               |                          |     |                    |       |       |      |    |                   |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                                     |                          |                          |                               |       |   |            |       |    |    |   |                 |      |      |      |   |



# FDIS Site Card

Watershed Code: 400-362300-25100-00000-00000-000-000-000-000-000-000 Reach # 5.0 ILP Map # ILP # Site 634

| PROJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|-------|-------|----------|--------------------|--------------------------|------------------|-----------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------|-------------|-----|--------------------|-----------------------------------------------|-------------|-------|-------|-----------------------------------------------------------------|-------------|--------------------------|--------------------------|-------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|---|------|------|------|------|------|------|--|--|--|--|------|-----------------|----|------|------|------|------|------|------|--|--|--|--|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-----------|-----|-----|-----------|-----------|----|-------|------------|-----------|----|--|
| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    | Project Code: 3476                   |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Project Watershed Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| WATERSHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Gazetted Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    | Local Name: None                     |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Watershed Code: 400-362300-25100-00000-00000-000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| ILP Map#:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            | ILP #:                   |                                                                   | NID Map #: 103P.020      |                                     | NID #: 60034             |                          | Reach #: 5.0                                   |                                                                                                    | Site #: 634                          |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Field UTM(Zone/East/North/Method)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                          |                                                                   | GIS UTM(Zone/East/North) |                                     |                          |                          | Site Lg: 100                                   |                                                                                                    | Method: HC                           |                                                                                                                                              | Access: H |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| 9 553409 6111503                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                          |                                                                   |                          |                                     |                          |                          | Ref. Name:                                     |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Date: 2000/08/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            | Time: 14:20              |                                                                   | Agency: C172             |                                     | Crew: EM/JD              |                          | Fish Crd?: <input checked="" type="checkbox"/> |                                                                                                    | Incomplete: <input type="checkbox"/> |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| CHANNEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Mtd</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Channel Width (m):</td> <td>T</td> <td>15.10</td> <td>16.20</td> <td>20.30</td> <td>14.30</td> <td>15.60</td> <td>17.80</td> <td></td> <td></td> <td></td> <td></td> <td>16.55</td> </tr> <tr> <td>Wetted Width (m):</td> <td>T</td> <td>5.20</td> <td>4.30</td> <td>6.60</td> <td>2.90</td> <td>3.00</td> <td>3.20</td> <td></td> <td></td> <td></td> <td></td> <td>4.20</td> </tr> <tr> <td>Pool Depth (m):</td> <td>MS</td> <td>0.21</td> <td>0.28</td> <td>0.31</td> <td>0.38</td> <td>0.26</td> <td>0.21</td> <td></td> <td></td> <td></td> <td></td> <td>0.27</td> </tr> </tbody> </table> |                                                                            |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           | Mtd | width | width | width    | width              | width                    | width            | width                                                                 | width           | width                                                                      | width       | Avg | Channel Width (m): | T                                             | 15.10       | 16.20 | 20.30 | 14.30                                                           | 15.60       | 17.80                    |                          |                                                                   |                          |                                     | 16.55                    | Wetted Width (m):        | T | 5.20 | 4.30 | 6.60 | 2.90 | 3.00 | 3.20 |  |  |  |  | 4.20 | Pool Depth (m): | MS | 0.21 | 0.28 | 0.31 | 0.38 | 0.26 | 0.21 |  |  |  |  | 0.27 | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Gadient %</th> <th>Mtd</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Method I:</td> <td>10.0 12.0</td> <td>AL</td> <td>11.50</td> </tr> <tr> <td>Method II:</td> <td>14.0 10.0</td> <td>AL</td> <td></td> </tr> </tbody> </table> |  |  |  | Gadient % | Mtd | Avg | Method I: | 10.0 12.0 | AL | 11.50 | Method II: | 14.0 10.0 | AL |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Mtd                                                                        | width                    | width                                                             | width                    | width                               | width                    | width                    | width                                          | width                                                                                              | width                                | width                                                                                                                                        | Avg       |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Channel Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | T                                                                          | 15.10                    | 16.20                                                             | 20.30                    | 14.30                               | 15.60                    | 17.80                    |                                                |                                                                                                    |                                      |                                                                                                                                              | 16.55     |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Wetted Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | T                                                                          | 5.20                     | 4.30                                                              | 6.60                     | 2.90                                | 3.00                     | 3.20                     |                                                |                                                                                                    |                                      |                                                                                                                                              | 4.20      |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Pool Depth (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MS                                                                         | 0.21                     | 0.28                                                              | 0.31                     | 0.38                                | 0.26                     | 0.21                     |                                                |                                                                                                    |                                      |                                                                                                                                              | 0.27      |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Gadient %                                                                  | Mtd                      | Avg                                                               |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Method I:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10.0 12.0                                                                  | AL                       | 11.50                                                             |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Method II:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14.0 10.0                                                                  | AL                       |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Wb Depth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            | .7                       | .6                                                                | .6                       | Avg: 0.63                           |                          | Method: MS               |                                                | Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                      | No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/><br>Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/> |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| COVER Total: A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> </thead> <tbody> <tr> <td>Amount:</td> <td>N</td> <td>N</td> <td>D</td> <td>N</td> <td>S</td> <td>N</td> <td>N</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                   |                                                                            |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       | Type: | SWD      | LWD                | B                        | U                | DP                                                                    | OV              | IV                                                                         | Amount:     | N   | N                  | D                                             | N           | S     | N     | N                                                               | Loc: P/S/O: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/>                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SWD                                                                        | LWD                      | B                                                                 | U                        | DP                                  | OV                       | IV                       |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | N                                                                          | N                        | D                                                                 | N                        | S                                   | N                        | N                        |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Loc: P/S/O:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/>                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| CROWN CLOSURE 0 0%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| LWD: N DIST: NA<br>LB SHP: S RB SHP: S<br>Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A<br>RIP: G<br>STG: INIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| EMS: Temp: 8 Method: T3 Req #: Cond.: 40 Method: S4<br>pH: 7.1 Method: P2 Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C Method: GE<br>Flood Signs: MULTIPLE CHANN Method: GE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| MORPHOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Bed Material: Dominant: C Subdom: B O1 B1 B2 B3 D1 D2 D3<br>D95: 95.0 D (cm): 60.00 Morph: CP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Pattern: SI Islands: N Coupling: CO Confinement: CO FSZ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| DISTURBANCE INDICATORS C1 C2 C3 C4 C5 S1 S2 S3 S4 S5<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Bars: <input type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input checked="" type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| HABITAT QUALITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>OverWinter Habitat</td> <td>No overwintering habitat</td> </tr> <tr> <td>Spawning Habitat</td> <td>No spawning habitat-gradient and flows too high, substrates too large</td> </tr> <tr> <td>Rearing Habitat</td> <td>Poor rearing habitat-high gradient, high energy, very little holding water</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       | Name  | Comments | OverWinter Habitat | No overwintering habitat | Spawning Habitat | No spawning habitat-gradient and flows too high, substrates too large | Rearing Habitat | Poor rearing habitat-high gradient, high energy, very little holding water |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Comments                                                                   |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| OverWinter Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | No overwintering habitat                                                   |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Spawning Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | No spawning habitat-gradient and flows too high, substrates too large      |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| Rearing Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Poor rearing habitat-high gradient, high energy, very little holding water |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| PHOTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                          |                                                                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
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| Photo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Foc Lg                                                                     | Dir                      | Comments                                                          |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| R: 12 F: 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STD                                                                        | U                        | Upstream photo of high gradient cascade habitat                   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| R: 12 F: 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STD                                                                        | D                        | Downstream photo of very little holding water                     |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| R: 12 F: 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STD                                                                        | U                        | Upstream photo of cascade pool habitat in non-timbered section.   |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |
| R: 12 F: 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STD                                                                        | D                        | Downstream photo of cascade pool habitat in non-timbered section. |                          |                                     |                          |                          |                                                |                                                                                                    |                                      |                                                                                                                                              |           |     |       |       |          |                    |                          |                  |                                                                       |                 |                                                                            |             |     |                    |                                               |             |       |       |                                                                 |             |                          |                          |                                                                   |                          |                                     |                          |                          |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                    |  |  |  |           |     |     |           |           |    |       |            |           |    |  |

## FDIS Site Card

|                                                                      | Reach # | ILP Map # | ILP # | Site |
|----------------------------------------------------------------------|---------|-----------|-------|------|
| Watershed Code: 400-362300-25100-00000-0000-0000-000-000-000-000-000 | 5.0     |           |       | 634  |

| COMMENTS  |                                          |
|-----------|------------------------------------------|
| Section   | Comments                                 |
| SITE CARD | Fish form 30539                          |
| CHANNEL   | Gradient and cascades located downstream |
| CHANNEL   | S5 Stream                                |



# FDIS Fish Form

Reach #      ILP Map #      ILP #

Watershed Code:      400-362300-25100-00000-0000-0000-000-000-000-000-000

5.0

| WATERBODY                                                   |          |       |                          |                |          |                |                |                 |              |              |               |     |                                    |
|-------------------------------------------------------------|----------|-------|--------------------------|----------------|----------|----------------|----------------|-----------------|--------------|--------------|---------------|-----|------------------------------------|
| Gazetted Name:                                              |          |       |                          |                |          |                |                |                 |              | Local: None  |               |     |                                    |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-0 |          |       |                          |                |          |                |                |                 |              |              |               |     |                                    |
| WS Code: 400-362300-25100-00000-0000-0000-000-000-000-000   |          |       |                          |                |          |                |                |                 |              |              |               |     |                                    |
| Waterbody ID:                                               |          |       |                          | ILP Map #:     |          |                |                | ILP #:          |              | Reach #: 5 - |               |     |                                    |
| Project ID: 3476                                            |          |       |                          | Lake/Stream: S |          |                |                | Lake From Date: |              |              |               |     |                                    |
| Fish Permit #: 25350K                                       |          |       | Date: 2000/08/04         |                |          | To: 2000/08/04 |                |                 | Agency: C172 |              | Crew: EM/JD   |     | Resample: <input type="checkbox"/> |
| SITE / METHOD                                               |          |       |                          |                |          |                |                |                 |              |              |               |     |                                    |
| Site#                                                       | NID Map  | NID # | UTM:Zone/East/North/Mthd |                |          | MTD/NO         |                | Temp            | Cond         | Turbid       | Comment       |     |                                    |
| 634                                                         | 103P.020 | 60034 |                          |                |          | EF             | 1              | 8               | 40           | C            |               |     |                                    |
| A. GEAR SETTINGS                                            |          |       |                          |                |          |                |                |                 |              |              |               |     |                                    |
| Site#                                                       | MTD/NO   | H/P   | Date In                  | Time In        | Date Out | Time Out       | Comment        |                 |              |              |               |     |                                    |
| 634                                                         | EF       | 1     | 1                        | 2000/08/04     | 14:20    | 2000/08/04     | 15:00          |                 |              |              |               |     |                                    |
| C. ELECTROFISHER SPECIFICATIONS                             |          |       |                          |                |          |                |                |                 |              |              |               |     |                                    |
| Site#                                                       | MTD/NO   | H/P   | Encl                     | Sec            | Lnth     | Width          | Voltage        | Frequency       | Pulse        | Make         | Model         |     |                                    |
| 634                                                         | EF       | 1     | 1                        | O              | 215      | 100.0          | 2.9            | 600             | 60           | 6            | SMITH<br>ROOT | 12B |                                    |
| FISH SUMMARY                                                |          |       |                          |                |          |                |                |                 |              |              |               |     |                                    |
| Site#                                                       | MTD/NO   | H/P   | Species                  | Stage          | Age      | Total #        | Lgth (Min/Max) | FishAct         | Comment      |              |               |     |                                    |
| 634                                                         | EF       | 1     | 1                        | NFC            |          | 0              |                |                 |              |              |               |     |                                    |



Site #634, Downstream photo of very little holding water  
Roll #12, Frame #14, Date: 2000/08/04



Site #634, Upstream photo of cascade pool habitat in non-timbered section.  
Roll #12, Frame #15, Date: 2000/08/04





Site #634, Downstream photo of cascade pool habitat in non-timbered section.  
Roll #12, Frame #16, Date: 2000/08/04



Site #634, Upstream photo of high gradient cascade habitat  
Roll #12, Frame #13, Date: 2000/08/04



# Stream Reach/Site Summary Report

Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000

Reach # 1.0    ILP Map # 103P.030    ILP # 11001

| STREAM REFERENCING                                                                      |  |                                                                                                                                                                                                                     |  |                                                                                                                                                                                     |                     |                                                                                                                                                                                                         |              |                                                                                                                    |  |
|-----------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------|--|
| Gazetted Name:                                                                          |  |                                                                                                                                                                                                                     |  |                                                                                                                                                                                     | Local Name: None    |                                                                                                                                                                                                         |              |                                                                                                                    |  |
| Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000                        |  |                                                                                                                                                                                                                     |  |                                                                                                                                                                                     | ILP Map #: 103P.030 |                                                                                                                                                                                                         | ILP #: 11001 |                                                                                                                    |  |
| REACH                                                                                   |  |                                                                                                                                                                                                                     |  |                                                                                                                                                                                     |                     |                                                                                                                                                                                                         |              |                                                                                                                    |  |
| Reach #: 1.0                                                                            |  | UTM(Zone/East/North): 9.556788.6117411                                                                                                                                                                              |  |                                                                                                                                                                                     | Sample Type: B      |                                                                                                                                                                                                         |              |                                                                                                                    |  |
| Length (km): 1.05                                                                       |  | Gradient (%): 13.71                                                                                                                                                                                                 |  | US Elev (m): 690                                                                                                                                                                    |                     | Order: 1                                                                                                                                                                                                |              | Magnitude: 1                                                                                                       |  |
| Confinement: FC                                                                         |  | Coupling: PC                                                                                                                                                                                                        |  | Open water: A                                                                                                                                                                       |                     | BGC Zone: ICH                                                                                                                                                                                           |              | Landuse: FR                                                                                                        |  |
| Islands: N                                                                              |  | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                      |  | Riparian Veg.: C                                                                                                                                                                    |                     |                                                                                                                                                                                                         |              |                                                                                                                    |  |
| SITE                                                                                    |  |                                                                                                                                                                                                                     |  |                                                                                                                                                                                     |                     |                                                                                                                                                                                                         |              |                                                                                                                    |  |
| Site #: 635                                                                             |  | GIS UTM(Zone/East/North)                                                                                                                                                                                            |  | Date: 2000/08/06                                                                                                                                                                    |                     | Agency: C172                                                                                                                                                                                            |              | Crew: EM/JD                                                                                                        |  |
| Site Lg (m): 100                                                                        |  | 9 557256 6117775                                                                                                                                                                                                    |  | Ref. Name:                                                                                                                                                                          |                     |                                                                                                                                                                                                         |              |                                                                                                                    |  |
| CHANNEL                                                                                 |  |                                                                                                                                                                                                                     |  |                                                                                                                                                                                     |                     |                                                                                                                                                                                                         |              |                                                                                                                    |  |
| No Vis.Ch.: <input checked="" type="checkbox"/> Intermittent: <input type="checkbox"/>  |  |                                                                                                                                                                                                                     |  | Avg Min Max #                                                                                                                                                                       |                     | Avg % Min % Max % #                                                                                                                                                                                     |              |                                                                                                                    |  |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                           |  | Channel Width (m):                                                                                                                                                                                                  |  | 0.00 0 0 0                                                                                                                                                                          |                     | Gradient %: 2.00 1 2 4                                                                                                                                                                                  |              |                                                                                                                    |  |
|                                                                                         |  | Wetted Width (m):                                                                                                                                                                                                   |  | 0.00 0 0 0                                                                                                                                                                          |                     | Pool Depth (m): 0.00 0 0 0                                                                                                                                                                              |              |                                                                                                                    |  |
|                                                                                         |  | Wb Depth (m):                                                                                                                                                                                                       |  | 0.00 0 0 0                                                                                                                                                                          |                     |                                                                                                                                                                                                         |              |                                                                                                                    |  |
| Stage: L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |  | Temp (C):                                                                                                                                                                                                           |  | pH:                                                                                                                                                                                 |                     | Cond.:                                                                                                                                                                                                  |              | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> C |  |
| MORPHOLOGY                                                                              |  |                                                                                                                                                                                                                     |  |                                                                                                                                                                                     |                     |                                                                                                                                                                                                         |              |                                                                                                                    |  |
| Bed Material: Dominant:                                                                 |  | Subdom:                                                                                                                                                                                                             |  | Bars: <input type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                     |                                                                                                                                                                                                         |              |                                                                                                                    |  |
| D95:                                                                                    |  | D (cm):                                                                                                                                                                                                             |  |                                                                                                                                                                                     |                     | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                                    |              |                                                                                                                    |  |
| Pattern:                                                                                |  | Islands:                                                                                                                                                                                                            |  | DISTURBANCE INDICATORS                                                                                                                                                              |                     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |              |                                                                                                                    |  |
| Coupling:                                                                               |  | Confinement:                                                                                                                                                                                                        |  |                                                                                                                                                                                     |                     | C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                           |              |                                                                                                                    |  |
| Morph:                                                                                  |  |                                                                                                                                                                                                                     |  |                                                                                                                                                                                     |                     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |              |                                                                                                                    |  |
| COVER                                                                                   |  |                                                                                                                                                                                                                     |  |                                                                                                                                                                                     |                     |                                                                                                                                                                                                         |              |                                                                                                                    |  |
| Total:                                                                                  |  | Type: SWD LWD B U DP OV IV                                                                                                                                                                                          |  |                                                                                                                                                                                     |                     |                                                                                                                                                                                                         |              | FSZ: <input type="checkbox"/>                                                                                      |  |
|                                                                                         |  | Amount:                                                                                                                                                                                                             |  |                                                                                                                                                                                     |                     |                                                                                                                                                                                                         |              |                                                                                                                    |  |
|                                                                                         |  | Loc: P/S/O: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |                                                                                                                                                                                     |                     |                                                                                                                                                                                                         |              | CROWN CLOSURE                                                                                                      |  |
| LWD:                                                                                    |  | DIST:                                                                                                                                                                                                               |  | INSTREAM VEG: N <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/>                                                           |                     |                                                                                                                                                                                                         |              |                                                                                                                    |  |
| RB SHP:                                                                                 |  | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                          |  | RIP:                                                                                                                                                                                |                     | STG:                                                                                                                                                                                                    |              |                                                                                                                    |  |
| LB SHP:                                                                                 |  | Texture: <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                          |  | RIP:                                                                                                                                                                                |                     | STG:                                                                                                                                                                                                    |              |                                                                                                                    |  |





## FDIS Site Card

|                                                                      | Reach # | ILP Map # | ILP # | Site |
|----------------------------------------------------------------------|---------|-----------|-------|------|
| Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000 | 1.0     | 103P.030  | 11001 | 635  |

| COMMENTS |          |
|----------|----------|
| Section  | Comments |
| CHANNEL  | NVC      |





Site #635, No definable channel  
Roll #12, Frame #18, Date: 2000/08/06



Site #635, Vegetated seepage upstream of lake  
Roll #12, Frame #17, Date: 2000/08/06



# Stream Reach/Site Summary Report

**Watershed Code:** 000-000000-00000-00000-0000-0000-000-000-000-000-000-000

| Reach # | ILP Map # | ILP # |
|---------|-----------|-------|
| 1.0     | 103P.030  | 11000 |

| STREAM REFERENCING                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                                                                                                                                                                |                          |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
|----------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------|-----|---|---|----|----|----|---------|---|---|---|---|---|---|---|-------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------|--|--|--|
| Gazetted Name:                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | Local Name: None                                                                                                                                                                               |                          |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| Watershed Code: 000-000000-00000-00000-0000-000-000-000-000-000                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                                                                                                                                                                |                          | ILP Map #: 103P.030                 |                                     | ILP #: 11000                                                                                                                  |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| REACH                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                                                                                                                                                                |                          |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| Reach #: 1.0                                                                                       |                                     | UTM(Zone/East/North): 9.558562.6118351                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                                                                                                                                                                |                          | Sample Type: B                      |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| Length (km): 1.14                                                                                  |                                     | Gradient (%): 14.65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          | US Elev (m): 713                                                                                                                                                                               |                          | Order: 1                            |                                     | Magnitude: 1                                                                                                                  |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| Confinement: FC                                                                                    |                                     | Coupling: PC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | Open water: A                                                                                                                                                                                  |                          | BGC Zone: ICH                       |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| Islands: N                                                                                         |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | Riparian Veg.: C                                                                                                                                                                               |                          | Landuse:                            |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| SITE                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                                                                                                                                                                |                          |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| Site #: 636                                                                                        |                                     | GIS UTM(Zone/East/North)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | Date: 2000/08/06                                                                                                                                                                               |                          | Agency: C172                        |                                     | Crew: EM/JD                                                                                                                   |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| Site Lg (m): 400                                                                                   |                                     | 9 557896 6117822                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                |                          | Ref. Name:                          |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| CHANNEL                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                                                                                                                                                                |                          |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | Avg                                                                                                                                                                                            |                          | Min                                 |                                     | Max                                                                                                                           |                     | #   |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                      |                                     | Channel Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          | 0.69                                                                                                                                                                                           |                          | 0.460                               |                                     | 0.910                                                                                                                         |                     | 6   |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
|                                                                                                    |                                     | Wetted Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | 0.32                                                                                                                                                                                           |                          | 0.19                                |                                     | 0.42                                                                                                                          |                     | 6   |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
|                                                                                                    |                                     | Wb Depth (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | 0.27                                                                                                                                                                                           |                          | 0.2                                 |                                     | 0.3                                                                                                                           |                     | 3   |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | Avg %                                                                                                                                                                                          |                          | Min %                               |                                     | Max %                                                                                                                         |                     | #   |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
|                                                                                                    |                                     | Gradient %:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | 4.75                                                                                                                                                                                           |                          | 4                                   |                                     | 5                                                                                                                             |                     | 4   |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
|                                                                                                    |                                     | Pool Depth (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | 0.07                                                                                                                                                                                           |                          | 0.06                                |                                     | 0.090                                                                                                                         |                     | 6   |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                     | Temp (C): 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | pH: 7.1                                                                                                                                                                                        |                          | Cond.: 50                           |                                     | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| MORPHOLOGY                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                                                                                                                                                                |                          |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| Bed Material: Dominant: G                                                                          |                                     | Subdom: F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                          |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| D95: 10.00                                                                                         |                                     | D (cm): 4.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                                                                                                                                                |                          |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| Pattern: IR                                                                                        |                                     | Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                           |                          |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| Coupling: DC                                                                                       |                                     | Confinement: UN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | DISTURBANCE INDICATORS                                                                                                                                                                         |                          |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| Morph: RP                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                  |                          |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| COVER                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                                                                                                                                                                |                          |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| Total: A                                                                                           |                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Type:</td> <td>SWD</td> <td>LWD</td> <td>B</td> <td>U</td> <td>DP</td> <td>OV</td> <td>IV</td> </tr> <tr> <td>Amount:</td> <td>T</td> <td>S</td> <td>N</td> <td>T</td> <td>N</td> <td>S</td> <td>D</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table> |                          |                                                                                                                                                                                                |                          |                                     |                                     | Type:                                                                                                                         | SWD                 | LWD | B | U | DP | OV | IV | Amount: | T | S | N | T | N | S | D | Loc: P/S/O: | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | FSZ: <input type="checkbox"/> |  |  |  |
| Type:                                                                                              | SWD                                 | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | B                        | U                                                                                                                                                                                              | DP                       | OV                                  | IV                                  |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| Amount:                                                                                            | T                                   | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | N                        | T                                                                                                                                                                                              | N                        | S                                   | D                                   |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| Loc: P/S/O:                                                                                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| LWD: F                                                                                             |                                     | DIST: E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | INSTREAM VEG: N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input checked="" type="checkbox"/>                                                |                          | CROWN CLOSURE                       |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| RB SHP: O                                                                                          |                                     | Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | RIP: C                                                                                                                                                                                         |                          | STG: MF                             |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| LB SHP: O                                                                                          |                                     | Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | RIP: C                                                                                                                                                                                         |                          | STG: MF                             |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| FISH                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                                                                                                                                                                |                          |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| Site Number                                                                                        | Capture Method                      | Number of Events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Total Length (m)         | Total Time                                                                                                                                                                                     | Voltage                  | Species                             | Total Fish                          | Minimum Length (mm)                                                                                                           | Maximum Length (mm) |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |
| 636                                                                                                | EF                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 200                      | 139 sec                                                                                                                                                                                        | 500                      | NFC                                 | 0                                   |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                          |                                     |                                     |                               |  |  |  |



# FDIS Site Card

Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000-000 Reach # 1.0 ILP Map # 103P.030 ILP # 11000 Site 636

| PROJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                               |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
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| <div style="display: flex; justify-content: space-between;"> <div> <b>Project Name:</b> Mill Area 1:20K Stream Inventory Project<br/> <b>Stream Name (gaz.):</b> SKEENA RIVER<br/> <b>Project Watershed Code:</b> 400-000000-00000-00000-0000-0000-000-000-000-000-000 </div> <div> <b>Project Code:</b> 3476 </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                               |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| WATERSHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                               |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| <b>Gazetted Name:</b> _____ <b>Local Name:</b> None<br><b>Watershed Code:</b> 000-000000-00000-00000-0000-0000-000-000-000-000-000-000<br><div style="display: flex; justify-content: space-between;"> <div> <b>ILP Map#:</b> 103P.030    <b>ILP #:</b> 11000    <b>NID Map #:</b> 103P.030    <b>NID #:</b> 60036    <b>Reach #:</b> 1.0    <b>Site #:</b> 636 </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <table border="1" style="width: 100%;"> <tr> <th>Field UTM(Zone/East/North/Method)</th> <th>GIS UTM(Zone/East/North)</th> </tr> <tr> <td>9 557896 6117822</td> <td></td> </tr> </table> </div> <div> <b>Site Lg:</b> 400    <b>Method:</b> HC    <b>Access:</b> V2<br/> <b>Ref. Name:</b> _____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <b>Date:</b> 2000/08/06    <b>Time:</b> 10:45    <b>Agency:</b> C172    <b>Crew:</b> EM/JD </div> <div> <b>Fish Crd?:</b> <input checked="" type="checkbox"/>    <b>Incomplete:</b> <input type="checkbox"/> </div> </div>                                                                                                                                                                                   |                                                                                                                                                               |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     | Field UTM(Zone/East/North/Method) | GIS UTM(Zone/East/North) | 9 557896 6117822 |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| Field UTM(Zone/East/North/Method)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | GIS UTM(Zone/East/North)                                                                                                                                      |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| 9 557896 6117822                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                               |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| CHANNEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                               |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Mtd</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Channel Width (m):</td> <td>MS</td> <td>0.82</td> <td>0.69</td> <td>0.73</td> <td>0.46</td> <td>0.52</td> <td>0.91</td> <td></td> <td></td> <td></td> <td></td> <td>0.69</td> </tr> <tr> <td>Wetted Width (m):</td> <td>MS</td> <td>0.41</td> <td>0.26</td> <td>0.29</td> <td>0.19</td> <td>0.37</td> <td>0.42</td> <td></td> <td></td> <td></td> <td></td> <td>0.32</td> </tr> <tr> <td>Pool Depth (m):</td> <td>MS</td> <td>0.08</td> <td>0.09</td> <td>0.08</td> <td>0.07</td> <td>0.06</td> <td>0.07</td> <td></td> <td></td> <td></td> <td></td> <td>0.07</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                               |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          | Mtd | width                             | width                    | width            | width                                                                                                                          | width           | width                                                                                                                                                         | width | width                                                           | width                    | width                    | Avg                      | Channel Width (m):             | MS                       | 0.82                     | 0.69 | 0.73 | 0.46 | 0.52 | 0.91 |    |    |    |    | 0.69 | Wetted Width (m):        | MS                       | 0.41                     | 0.26                     | 0.29                     | 0.19                     | 0.37                     | 0.42                     |                          |                          |  |  | 0.32 | Pool Depth (m): | MS | 0.08 | 0.09 | 0.08 | 0.07 | 0.06 | 0.07 |  |  |  |  | 0.07 | <table border="1" style="width: 100%;"> <tr> <th>Gadient %</th> <th>Mtd</th> <th>Avg</th> </tr> <tr> <td>Method I: 4.0 5.0</td> <td>AL</td> <td>4.75</td> </tr> <tr> <td>Method II: 6.0 4.0</td> <td>AL</td> <td></td> </tr> </table> |  | Gadient % | Mtd | Avg | Method I: 4.0 5.0 | AL | 4.75 | Method II: 6.0 4.0 | AL |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Mtd                                                                                                                                                           | width                    | width                                                           | width                    | width                    | width                    | width                    | width                    | width                    | width | width | Avg  |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| Channel Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MS                                                                                                                                                            | 0.82                     | 0.69                                                            | 0.73                     | 0.46                     | 0.52                     | 0.91                     |                          |                          |       |       | 0.69 |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| Wetted Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MS                                                                                                                                                            | 0.41                     | 0.26                                                            | 0.29                     | 0.19                     | 0.37                     | 0.42                     |                          |                          |       |       | 0.32 |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| Pool Depth (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MS                                                                                                                                                            | 0.08                     | 0.09                                                            | 0.08                     | 0.07                     | 0.06                     | 0.07                     |                          |                          |       |       | 0.07 |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| Gadient %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Mtd                                                                                                                                                           | Avg                      |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| Method I: 4.0 5.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AL                                                                                                                                                            | 4.75                     |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| Method II: 6.0 4.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | AL                                                                                                                                                            |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| <b>Wb Depth:</b> .2 .3 .3 <b>Avg:</b> 0.27 <b>Method:</b> MS <b>Stage:</b> L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                               |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      | <b>No Vis.Ch.:</b> <input type="checkbox"/> <b>Intermittent:</b> <input type="checkbox"/><br><b>Dw:</b> <input type="checkbox"/> <b>Tribs.:</b> <input type="checkbox"/> |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| COVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                               |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>Type:</b> SWD LWD B U DP OV IV<br/> <b>Amount:</b> T S N T N S D<br/> <b>Loc: P/S/O:</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <b>CROWN CLOSURE</b><br/> 2 21-40%<br/> <b>INSTREAM VEG:</b> N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input checked="" type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                               |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>LWD:</b> F    <b>DIST:</b> E<br/> <b>LB SHP:</b> O<br/> <b>Texture:</b> <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A<br/> <b>RIP:</b> C<br/> <b>STG:</b> MF </div> <div> <b>RB SHP:</b> O<br/> <b>Texture:</b> <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A<br/> <b>RIP:</b> C<br/> <b>STG:</b> MF </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                               |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                               |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>EMS:</b><br/> <b>Temp:</b> 10    <b>Method:</b> T3<br/> <b>pH:</b> 7.1    <b>Method:</b> P2<br/> <b>Flood Signs:</b> NONE    <b>Method:</b> GE </div> <div> <b>Req #:</b> _____<br/> <b>Cond.:</b> 50    <b>Method:</b> S4<br/> <b>Turb.:</b> <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C    <b>Method:</b> GE </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                               |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| MORPHOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                               |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>Bed Material:</b> Dominant: G    Subdom: F<br/> <b>D95:</b> 10.0    <b>D (cm):</b> 4.00    <b>Morph:</b> RP<br/> <b>Pattern:</b> IR<br/> <b>Islands:</b> N<br/> <b>Coupling:</b> DC<br/> <b>Confinement:</b> UN<br/> <b>FSZ:</b> <input type="checkbox"/> </div> <div> <b>DISTURBANCE INDICATORS</b><br/> <table style="width: 100%;"> <tr> <td>O1</td><td>B1</td><td>B2</td><td>B3</td><td>D1</td><td>D2</td><td>D3</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>C1</td><td>C2</td><td>C3</td><td>C4</td><td>C5</td><td>S1</td><td>S2</td><td>S3</td><td>S4</td><td>S5</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> </div> </div> |                                                                                                                                                               |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     | O1                                | B1                       | B2               | B3                                                                                                                             | D1              | D2                                                                                                                                                            | D3    | <input type="checkbox"/>                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | C1   | C2   | C3   | C4   | C5   | S1 | S2 | S3 | S4 | S5   | <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"/> |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| O1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | B1                                                                                                                                                            | B2                       | B3                                                              | D1                       | D2                       | D3                       |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/>                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| C1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | C2                                                                                                                                                            | C3                       | C4                                                              | C5                       | S1                       | S2                       | S3                       | S4                       | S5                       |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| <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"/> |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| <b>Bars:</b> <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                               |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| HABITAT QUALITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                               |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th>Name</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>Spawning Habitat</td> <td>Upstream of the lower 400 m this stream offers no fish habitat-channel is poorly defined and the gradient increases to 10-15 %</td> </tr> <tr> <td>Rearing Habitat</td> <td>Lower 400 m of this stream offers low quality rearing and spawning habitat-quality is limited by an abundance of fines and the ephemeral nature of the stream</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                               |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     | Name                              | Comments                 | Spawning Habitat | Upstream of the lower 400 m this stream offers no fish habitat-channel is poorly defined and the gradient increases to 10-15 % | Rearing Habitat | Lower 400 m of this stream offers low quality rearing and spawning habitat-quality is limited by an abundance of fines and the ephemeral nature of the stream |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Comments                                                                                                                                                      |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| Spawning Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Upstream of the lower 400 m this stream offers no fish habitat-channel is poorly defined and the gradient increases to 10-15 %                                |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| Rearing Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Lower 400 m of this stream offers low quality rearing and spawning habitat-quality is limited by an abundance of fines and the ephemeral nature of the stream |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| PHOTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                               |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
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| Photo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Foc Lg                                                                                                                                                        | Dir                      | Comments                                                        |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| R: 12 F: 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STD                                                                                                                                                           | D                        | Downstream photo of abundant fines and a poorly defined channel |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| R: 12 F: 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STD                                                                                                                                                           | U                        | Upstream photo of a small pool                                  |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                               |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
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| Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Comments                                                                                                                                                      |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                               |                          |                                                                 |                          |                          |                          |                          |                          |                          |       |       |      |                                                                                                                                                                          |     |                                   |                          |                  |                                                                                                                                |                 |                                                                                                                                                               |       |                                                                 |                          |                          |                          |                                |                          |                          |      |      |      |      |      |    |    |    |    |      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                       |  |           |     |     |                   |    |      |                    |    |  |

FDIS Site Card

Watershed Code: 000-000000-00000-00000-0000-000-000-000-000-000-000

Reach #1.0ILP Map #103P.030ILP #11000Site636

|           |                                                                                     |
|-----------|-------------------------------------------------------------------------------------|
| SITE CARD | 30542                                                                               |
| CHANNEL   | Potential fish access to the lower 400 m. Above that point there is no fish habitat |
| CHANNEL   | S4*/S6                                                                              |



## FDIS Fish Form

Watershed Code:

000-000000-000000-000000-0000-0000-000-000-000-000-000-000

Reach #

ILP Map #

ILP #

1.0

103P.030

11000

| WATERBODY                                                       |          |       |                               |                     |          |                |         |                 |           |              |               |                                    |  |  |
|-----------------------------------------------------------------|----------|-------|-------------------------------|---------------------|----------|----------------|---------|-----------------|-----------|--------------|---------------|------------------------------------|--|--|
| Gazetted Name:                                                  |          |       |                               |                     |          |                |         |                 |           | Local: None  |               |                                    |  |  |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-000-0 |          |       |                               |                     |          |                |         |                 |           |              |               |                                    |  |  |
| WS Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000   |          |       |                               |                     |          |                |         |                 |           |              |               |                                    |  |  |
| Waterbody ID:                                                   |          |       |                               | ILP Map #: 103P.030 |          |                |         | ILP #: 11000    |           | Reach #: 1 - |               |                                    |  |  |
| Project ID: 3476                                                |          |       |                               | Lake/Stream: S      |          |                |         | Lake From Date: |           |              |               |                                    |  |  |
| Fish Permit #: 25350K                                           |          |       |                               | Date: 2000/08/06    |          | To: 2000/08/06 |         | Agency: C172    |           | Crew: EM/JD  |               | Resample: <input type="checkbox"/> |  |  |
| SITE / METHOD                                                   |          |       |                               |                     |          |                |         |                 |           |              |               |                                    |  |  |
| Site#                                                           | NID Map  | NID # | UTM:Zone/East/North/Mthd      |                     |          |                | MTD/NO  |                 | Temp      | Cond         | Turbid        | Comment                            |  |  |
| 636                                                             | 103P.030 | 60036 |                               |                     |          |                | EF      | 1               | 10        | 50           | C             |                                    |  |  |
| A. GEAR SETTINGS                                                |          |       |                               |                     |          |                |         |                 |           |              |               |                                    |  |  |
| Site#                                                           | MTD/NO   | H/P   | Date In                       | Time In             | Date Out | Time Out       | Comment |                 |           |              |               |                                    |  |  |
| 636                                                             | EF       | 1     | 1                             | 2000/08/06          | 10:45    | 2000/08/06     | 11:20   |                 |           |              |               |                                    |  |  |
| C. ELECTROFISHER SPECIFICATIONS                                 |          |       |                               |                     |          |                |         |                 |           |              |               |                                    |  |  |
| Site#                                                           | MTD/NO   |       | H/P                           | Encl                | Sec      | Lnth           | Width   | Voltage         | Frequency | Pulse        | Make          | Model                              |  |  |
| 636                                                             | EF       | 1     | 1                             | O                   | 139      | 200.0          | 0.8     | 500             | 60        | 6            | SMITH<br>ROOT | 12B                                |  |  |
| FISH SUMMARY                                                    |          |       |                               |                     |          |                |         |                 |           |              |               |                                    |  |  |
| Site#                                                           | MTD/NO   |       | H/P                           | Species             | Stage    | Age            | Total # | Lgth (Min/Max)  | FishAct   | Comment      |               |                                    |  |  |
| 636                                                             | EF       | 1     | 1                             | NFC                 |          |                | 0       |                 |           |              |               |                                    |  |  |
| COMMENTS                                                        |          |       |                               |                     |          |                |         |                 |           |              |               |                                    |  |  |
| Section                                                         |          |       | Comments                      |                     |          |                |         |                 |           |              |               |                                    |  |  |
| WATERBODY                                                       |          |       | All available habitat shocked |                     |          |                |         |                 |           |              |               |                                    |  |  |



Site #636, Downstream photo of abundant fines and a poorly defined channel  
Roll #12, Frame #19, Date: 2000/08/06



Site #636, Upstream photo of a small pool  
Roll #12, Frame #20, Date: 2000/08/06



# Stream Reach/Site Summary Report

Reach #    ILP Map #    ILP #

Watershed Code: 400-362300-00000-00000-0000-0000-000-000-000-000-000

6.0

| STREAM REFERENCING                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
|----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----|-------|-------|-------|----|--------------------|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------|--|
| Gazetted Name: MILL CREEK                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Local Name: Mill Creek   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| Watershed Code: 400-362300-00000-00000-0000-0000-000-000-000-000-000                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ILP Map #:               |                                                                                                                                                                                                                                                                                                                                                                                                                        | ILP #:                              |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| REACH                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| Reach #: 6.0                                                                                       |                                     | UTM(Zone/East/North): 9.557333.6118253                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Sample Type: B           |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| Length (km): .54                                                                                   |                                     | Gradient (%): 0.56                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | US Elev (m): 550                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | Order: 3                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | Magnitude: 12                                                                                                                 |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| Confinement: OC                                                                                    |                                     | Coupling: PC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | Open water: A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | BGC Zone: ICH                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| Islands: N                                                                                         |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | Riparian Veg.: M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | Landuse: FR                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| SITE                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| Site #: 637                                                                                        |                                     | GIS UTM(Zone/East/North)<br>9 : 557488 : 6118098                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | Date: 2000/08/06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | Agency: C172                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | Crew: EM/JD                                                                                                                   |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| Site Lg (m): 200                                                                                   |                                     | Ref. Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| CHANNEL                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | <table border="1" style="display: inline-table; width: 100%;"> <tr> <th></th> <th>Avg</th> <th>Min</th> <th>Max</th> <th>#</th> </tr> <tr> <td>Channel Width (m):</td> <td>1.58</td> <td>1.4</td> <td>2</td> <td>6</td> </tr> <tr> <td>Wetted Width (m):</td> <td>1.47</td> <td>1.200</td> <td>1.8</td> <td>6</td> </tr> <tr> <td>Wb Depth (m):</td> <td>0.37</td> <td>0.3</td> <td>0.4</td> <td>3</td> </tr> </table> |                                     |                                                                                                                               |                          |     | Avg   | Min   | Max   | #  | Channel Width (m): | 1.58    | 1.4                      | 2                        | 6                        | Wetted Width (m):        | 1.47                     | 1.200                    | 1.8                      | 6                        | Wb Depth (m):                       | 0.37                                | 0.3                                 | 0.4                      | 3                        |                                     |                                     |                               |  |
|                                                                                                    | Avg                                 | Min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Max                                 | #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| Channel Width (m):                                                                                 | 1.58                                | 1.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2                                   | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| Wetted Width (m):                                                                                  | 1.47                                | 1.200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1.8                                 | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| Wb Depth (m):                                                                                      | 0.37                                | 0.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0.4                                 | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | <table border="1" style="display: inline-table; width: 100%;"> <tr> <th></th> <th>Avg %</th> <th>Min %</th> <th>Max %</th> <th>#</th> </tr> <tr> <td>Gadient %:</td> <td>0.75</td> <td>1</td> <td>1</td> <td>4</td> </tr> <tr> <td>Pool Depth (m):</td> <td>0.23</td> <td>0.200</td> <td>0.300</td> <td>6</td> </tr> </table>                                                                                          |                                     |                                                                                                                               |                          |     | Avg % | Min % | Max % | #  | Gadient %:         | 0.75    | 1                        | 1                        | 4                        | Pool Depth (m):          | 0.23                     | 0.200                    | 0.300                    | 6                        |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
|                                                                                                    | Avg %                               | Min %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Max %                               | #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| Gadient %:                                                                                         | 0.75                                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1                                   | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| Pool Depth (m):                                                                                    | 0.23                                | 0.200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0.300                               | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |                                     | Temp (C): 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | pH: 7.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | Cond.: 60                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| MORPHOLOGY                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| Bed Material: Dominant: G                                                                          |                                     | Subdom: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| D95: 10.00                                                                                         |                                     | D (cm): 2.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | <table border="1" style="display: inline-table; width: 100%;"> <tr> <td>O1</td><td>B1</td><td>B2</td><td>B3</td><td>D1</td><td>D2</td><td>D3</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                               |                          | O1  | B1    | B2    | B3    | D1 | D2                 | D3      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| O1                                                                                                 | B1                                  | B2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | B3                                  | D1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D2                       | D3                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| <input type="checkbox"/>                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| Pattern: SI                                                                                        |                                     | Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | DISTURBANCE INDICATORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| Coupling: PC                                                                                       |                                     | Confinement: OC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | <table border="1" style="display: inline-table; width: 100%;"> <tr> <td>C1</td><td>C2</td><td>C3</td><td>C4</td><td>C5</td><td>S1</td><td>S2</td><td>S3</td><td>S4</td><td>S5</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |                          |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                               |                          | C1  | C2    | C3    | C4    | C5 | S1                 | S2      | S3                       | S4                       | S5                       | <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"/> |                                     |                                     |                               |  |
| C1                                                                                                 | C2                                  | C3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | C4                                  | C5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | S1                       | S2                                                                                                                                                                                                                                                                                                                                                                                                                     | S3                                  | S4                                                                                                                            | S5                       |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| <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"/> |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| Morph: RP                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| COVER                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| Total: A                                                                                           |                                     | <table border="1" style="display: inline-table; width: 100%;"> <tr> <td>Type:</td> <td>SWD</td> <td>LWD</td> <td>B</td> <td>U</td> <td>DP</td> <td>OV</td> <td>IV</td> </tr> <tr> <td>Amount:</td> <td>T</td> <td>T</td> <td>T</td> <td>N</td> <td>N</td> <td>S</td> <td>D</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table> |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | Type:                                                                                                                         | SWD                      | LWD | B     | U     | DP    | OV | IV                 | Amount: | T                        | T                        | T                        | N                        | N                        | S                        | D                        | Loc: P/S/O:              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | FSZ: <input type="checkbox"/> |  |
| Type:                                                                                              | SWD                                 | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | B                                   | U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DP                       | OV                                                                                                                                                                                                                                                                                                                                                                                                                     | IV                                  |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| Amount:                                                                                            | T                                   | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | T                                   | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | N                        | S                                                                                                                                                                                                                                                                                                                                                                                                                      | D                                   |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| Loc: P/S/O:                                                                                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| LWD: F                                                                                             |                                     | DIST: E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | INSTREAM VEG: N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | CROWN CLOSURE<br>1    1-20%                                                                                                   |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| RB SHP: S                                                                                          |                                     | Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | RIP: M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | STG: MF                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| LB SHP: S                                                                                          |                                     | Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | RIP: M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          | STG: MF                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| FISH                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                               |                          |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| Site Number                                                                                        | Capture Method                      | Number of Events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Total Length (m)                    | Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Voltage                  | Species                                                                                                                                                                                                                                                                                                                                                                                                                | Total Fish                          | Minimum Length (mm)                                                                                                           | Maximum Length (mm)      |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |
| 637                                                                                                | EF                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 200                                 | 327 sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 500                      | CT                                                                                                                                                                                                                                                                                                                                                                                                                     | 7                                   | 35                                                                                                                            | 110                      |     |       |       |       |    |                    |         |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                          |                          |                                     |                                     |                               |  |

February 12, 2001



# FDIS Site Card

Watershed Code: 400-362300-00000-00000-0000-0000-000-000-000-000-000

Reach # 6.0 ILP Map # ILP # 637 Site 637

| PROJECT                                                                                                                                                                               |                                     |                                                                                                                                                                                       |                                     |                          |                          |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------|--------------------------|--------------------------|
| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                |                                     |                                                                                                                                                                                       |                                     |                          |                          |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    | Project Code: 3476                                                                                                                       |                                      |                          |                          |                          |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                      |                                     |                                                                                                                                                                                       |                                     |                          |                          |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| Project Watershed Code: 400-000000-00000-00000-0000-000-000-000-000-000-000                                                                                                           |                                     |                                                                                                                                                                                       |                                     |                          |                          |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| WATERSHED                                                                                                                                                                             |                                     |                                                                                                                                                                                       |                                     |                          |                          |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| Gazetted Name: MILL CREEK                                                                                                                                                             |                                     |                                                                                                                                                                                       |                                     |                          |                          |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    | Local Name: Mill Creek                                                                                                                   |                                      |                          |                          |                          |
| Watershed Code: 400-362300-00000-00000-0000-000-000-000-000-000-000                                                                                                                   |                                     |                                                                                                                                                                                       |                                     |                          |                          |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| ILP Map#:                                                                                                                                                                             |                                     | ILP #:                                                                                                                                                                                |                                     | NID Map #: 103P.030      |                          |                                                                                                                                                                                                | NID #: 60037                        |                                                                                                                                                 | Reach #: 6.0                                                                                       |                                                                                                                                          | Site #: 637                          |                          |                          |                          |
| Field UTM(Zone/East/North/Method)                                                                                                                                                     |                                     |                                                                                                                                                                                       |                                     | GIS UTM(Zone/East/North) |                          |                                                                                                                                                                                                |                                     | Site Lg: 200                                                                                                                                    |                                                                                                    | Method: GE                                                                                                                               |                                      | Access: V2               |                          |                          |
|                                                                                                                                                                                       |                                     |                                                                                                                                                                                       |                                     | 9 557488 6118098         |                          |                                                                                                                                                                                                |                                     | Ref. Name:                                                                                                                                      |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| Date: 2000/08/06                                                                                                                                                                      |                                     | Time: 11:40                                                                                                                                                                           |                                     | Agency: C172             |                          |                                                                                                                                                                                                | Crew: EM/JD                         |                                                                                                                                                 | Fish Crd?: <input checked="" type="checkbox"/>                                                     |                                                                                                                                          | Incomplete: <input type="checkbox"/> |                          |                          |                          |
| CHANNEL                                                                                                                                                                               |                                     |                                                                                                                                                                                       |                                     |                          |                          |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
|                                                                                                                                                                                       |                                     | Mtd                                                                                                                                                                                   | width                               | width                    | width                    | width                                                                                                                                                                                          | width                               | width                                                                                                                                           | width                                                                                              | width                                                                                                                                    | width                                | width                    | Avg                      |                          |
| Channel Width (m):                                                                                                                                                                    |                                     | MS                                                                                                                                                                                    | 2.00                                | 1.50                     | 1.40                     | 1.70                                                                                                                                                                                           | 1.40                                | 1.50                                                                                                                                            |                                                                                                    |                                                                                                                                          |                                      |                          | 1.58                     |                          |
| Wetted Width (m):                                                                                                                                                                     |                                     | MS                                                                                                                                                                                    | 1.80                                | 1.40                     | 1.40                     | 1.70                                                                                                                                                                                           | 1.30                                | 1.20                                                                                                                                            |                                                                                                    |                                                                                                                                          |                                      |                          | 1.47                     |                          |
| Pool Depth (m):                                                                                                                                                                       |                                     | MS                                                                                                                                                                                    | 0.20                                | 0.30                     | 0.20                     | 0.20                                                                                                                                                                                           | 0.30                                | 0.20                                                                                                                                            |                                                                                                    |                                                                                                                                          |                                      |                          | 0.23                     |                          |
| Wb Depth:                                                                                                                                                                             |                                     | .4                                                                                                                                                                                    | .3                                  | .4                       | Avg: 0.37                |                                                                                                                                                                                                | Method: MS                          |                                                                                                                                                 | Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |                                                                                                                                          |                                      |                          |                          |                          |
| COVER                                                                                                                                                                                 |                                     | Total: A                                                                                                                                                                              |                                     |                          |                          |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| Type:                                                                                                                                                                                 | SWD                                 | LWD                                                                                                                                                                                   | B                                   | U                        | DP                       | OV                                                                                                                                                                                             | IV                                  | CROWN CLOSURE                                                                                                                                   |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| Amount:                                                                                                                                                                               | T                                   | T                                                                                                                                                                                     | T                                   | N                        | N                        | S                                                                                                                                                                                              | D                                   | 1 1-20%                                                                                                                                         |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| Loc: P/S/O:                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                            | <input checked="" type="checkbox"/> | INSTREAM VEG: N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input checked="" type="checkbox"/> |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| LWD: F                                                                                                                                                                                |                                     | DIST: E                                                                                                                                                                               |                                     |                          |                          |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| LB SHP: S                                                                                                                                                                             |                                     | RB SHP: S                                                                                                                                                                             |                                     |                          |                          |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                                     | Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                                     |                          |                          |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| RIP: M                                                                                                                                                                                |                                     | RIP: M                                                                                                                                                                                |                                     |                          |                          |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| STG: MF                                                                                                                                                                               |                                     | STG: MF                                                                                                                                                                               |                                     |                          |                          |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| WATER                                                                                                                                                                                 |                                     |                                                                                                                                                                                       |                                     |                          |                          |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| EMS:                                                                                                                                                                                  |                                     |                                                                                                                                                                                       |                                     |                          | Req #:                   |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| Temp: 12                                                                                                                                                                              |                                     |                                                                                                                                                                                       |                                     |                          | Method: T3               |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    | Cond.: 60                                                                                                                                |                                      |                          |                          |                          |
| pH: 7.1                                                                                                                                                                               |                                     |                                                                                                                                                                                       |                                     |                          | Method: P2               |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    | Method: S4                                                                                                                               |                                      |                          |                          |                          |
| Flood Signs: NONE                                                                                                                                                                     |                                     |                                                                                                                                                                                       |                                     |                          | Method: GE               |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C Method: GE |                                      |                          |                          |                          |
| MORPHOLOGY                                                                                                                                                                            |                                     |                                                                                                                                                                                       |                                     |                          |                          |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| Bed Material:                                                                                                                                                                         |                                     | Dominant: G                                                                                                                                                                           |                                     | Subdom: C                |                          | O1                                                                                                                                                                                             |                                     | B1                                                                                                                                              | B2                                                                                                 | B3                                                                                                                                       | D1                                   | D2                       | D3                       |                          |
| D95: 10.0                                                                                                                                                                             |                                     | D (cm): 2.00                                                                                                                                                                          |                                     | Morph: RP                |                          | DISTURBANCE INDICATORS                                                                                                                                                                         |                                     | <input type="checkbox"/>                                                                                                                        | <input type="checkbox"/>                                                                           | <input type="checkbox"/>                                                                                                                 | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pattern: SI                                                                                                                                                                           |                                     |                                                                                                                                                                                       |                                     |                          |                          | C1                                                                                                                                                                                             |                                     | C2                                                                                                                                              | C3                                                                                                 | C4                                                                                                                                       | C5                                   | S1                       | S2                       | S3                       |
| Islands: N                                                                                                                                                                            |                                     |                                                                                                                                                                                       |                                     |                          |                          | <input type="checkbox"/>                                                                                                                                                                       |                                     | <input type="checkbox"/>                                                                                                                        | <input type="checkbox"/>                                                                           | <input type="checkbox"/>                                                                                                                 | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coupling: PC                                                                                                                                                                          |                                     |                                                                                                                                                                                       |                                     |                          |                          | <input type="checkbox"/>                                                                                                                                                                       |                                     | <input type="checkbox"/>                                                                                                                        | <input type="checkbox"/>                                                                           | <input type="checkbox"/>                                                                                                                 | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Confinement: OC                                                                                                                                                                       |                                     |                                                                                                                                                                                       |                                     |                          |                          | <input type="checkbox"/>                                                                                                                                                                       |                                     | <input type="checkbox"/>                                                                                                                        | <input type="checkbox"/>                                                                           | <input type="checkbox"/>                                                                                                                 | <input type="checkbox"/>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FSZ <input type="checkbox"/>                                                                                                                                                          |                                     |                                                                                                                                                                                       |                                     |                          |                          | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                                     |                                                                                                                                                 |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| HABITAT QUALITY                                                                                                                                                                       |                                     |                                                                                                                                                                                       |                                     |                          |                          |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| Name                                                                                                                                                                                  |                                     | Comments                                                                                                                                                                              |                                     |                          |                          |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| OverWinter Habitat                                                                                                                                                                    |                                     | Overwintering habitat is present in upstream lake and downstream lake                                                                                                                 |                                     |                          |                          |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| Rearing Habitat                                                                                                                                                                       |                                     | Moderate rearing habitat-, cover provided by abundant sedges in creek, moderate velocity, and low gradient                                                                            |                                     |                          |                          |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| Spawning Habitat                                                                                                                                                                      |                                     | Good quality spawning habitat-clean gravels(1-4 cm) moderate velocity, approx. 20 % gravels.                                                                                          |                                     |                          |                          |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| PHOTOS                                                                                                                                                                                |                                     |                                                                                                                                                                                       |                                     |                          |                          |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| Photo                                                                                                                                                                                 |                                     | Foc Lg                                                                                                                                                                                |                                     | Dir                      |                          | Comments                                                                                                                                                                                       |                                     |                                                                                                                                                 |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| R:                                                                                                                                                                                    | 12                                  | F:                                                                                                                                                                                    | 21                                  | STD                      |                          | D                                                                                                                                                                                              |                                     | Downstream photo of a sedge filled channel                                                                                                      |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| R:                                                                                                                                                                                    | 12                                  | F:                                                                                                                                                                                    | 22                                  | STD                      |                          | U                                                                                                                                                                                              |                                     | Upstream photo of a sedge filled channel                                                                                                        |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| COMMENTS                                                                                                                                                                              |                                     |                                                                                                                                                                                       |                                     |                          |                          |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |
| Section                                                                                                                                                                               |                                     | Comments                                                                                                                                                                              |                                     |                          |                          |                                                                                                                                                                                                |                                     |                                                                                                                                                 |                                                                                                    |                                                                                                                                          |                                      |                          |                          |                          |



## FDIS Site Card

| Watershed Code: 400-362300-00000-00000-0000-0000-000-000-000-000-000 |                 | Reach #  | ILP Map # | ILP # | Site |  |  |  |  |
|----------------------------------------------------------------------|-----------------|----------|-----------|-------|------|--|--|--|--|
| Section                                                              |                 | 6.0      |           |       | 637  |  |  |  |  |
|                                                                      |                 | Comments |           |       |      |  |  |  |  |
| SITE CARD                                                            | Fish form 30541 |          |           |       |      |  |  |  |  |
| CHANNEL                                                              | CT Captured     |          |           |       |      |  |  |  |  |
| CHANNEL                                                              | S3 Stream       |          |           |       |      |  |  |  |  |

# FDIS Fish Form

Reach #      ILP Map #      ILP #

Watershed Code:      400-362300-00000-00000-0000-0000-000-000-000-000-000

6.0

| WATERBODY                                                       |          |        |                          |                  |            |                |                |                |         |                   |               |                                    |        |        |         |
|-----------------------------------------------------------------|----------|--------|--------------------------|------------------|------------|----------------|----------------|----------------|---------|-------------------|---------------|------------------------------------|--------|--------|---------|
| Gazetted Name: MILL CREEK                                       |          |        |                          |                  |            |                |                |                |         | Local: Mill Creek |               |                                    |        |        |         |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-000-0 |          |        |                          |                  |            |                |                |                |         |                   |               |                                    |        |        |         |
| WS Code: 400-362300-00000-00000-0000-0000-000-000-000-000-000   |          |        |                          |                  |            |                |                |                |         |                   |               |                                    |        |        |         |
| Waterbody ID:                                                   |          |        |                          | ILP Map #:       |            |                |                | ILP #:         |         | Reach #: 6 -      |               |                                    |        |        |         |
| Project ID: 3476                                                |          |        |                          |                  |            |                |                | Lake/Stream: S |         | Lake From Date:   |               |                                    |        |        |         |
| Fish Permit #:                                                  |          | 25350K |                          | Date: 2000/08/06 |            | To: 2000/08/06 |                | Agency: C172   |         | Crew: EM/JD       |               | Resample: <input type="checkbox"/> |        |        |         |
| SITE / METHOD                                                   |          |        |                          |                  |            |                |                |                |         |                   |               |                                    |        |        |         |
| Site#                                                           | NID Map  | NID #  | UTM:Zone/East/North/Mthd |                  |            | MTD/NO         |                | Temp           | Cond    | Turbid            | Comment       |                                    |        |        |         |
| 637                                                             | 103P.030 | 60037  |                          |                  |            | EF             | 1              | 12             | 60      | C                 |               |                                    |        |        |         |
| A. GEAR SETTINGS                                                |          |        |                          |                  |            |                |                |                |         |                   |               |                                    |        |        |         |
| Site#                                                           | MTD/NO   | H/P    | Date In                  | Time In          | Date Out   | Time Out       | Comment        |                |         |                   |               |                                    |        |        |         |
| 637                                                             | EF       | 1      | 2000/08/06               | 11:40            | 2000/08/06 | 12:40          |                |                |         |                   |               |                                    |        |        |         |
| C. ELECTROFISHER SPECIFICATIONS                                 |          |        |                          |                  |            |                |                |                |         |                   |               |                                    |        |        |         |
| Site#                                                           | MTD/NO   | H/P    | Encl                     | Sec              | Lnth       | Width          | Voltage        | Frequency      | Pulse   | Make              | Model         |                                    |        |        |         |
| 637                                                             | EF       | 1      | 1                        | O                | 327        | 200.0          | 1.5            | 500            | 70      | 6                 | SMITH<br>ROOT | 12B                                |        |        |         |
| FISH SUMMARY                                                    |          |        |                          |                  |            |                |                |                |         |                   |               |                                    |        |        |         |
| Site#                                                           | MTD/NO   | H/P    | Species                  | Stage            | Age        | Total #        | Lgth (Min/Max) | FishAct        | Comment |                   |               |                                    |        |        |         |
| 637                                                             | EF       | 1      | 1                        | CT               | J          | 7              | 35    110      | R              |         |                   |               |                                    |        |        |         |
| INDIVIDUAL FISH DATA                                            |          |        |                          |                  |            |                |                |                |         |                   |               |                                    |        |        |         |
| Site#                                                           | MTD/NO   | H/P    | Species                  | Length           | Weight     | Sex            | Mat            | Age            |         | Vch#              | Genetic       |                                    | Roll # | Frame# | Comment |
|                                                                 |          |        |                          |                  |            |                |                | Str/Smpl#      | Age     |                   | Str/Smpl#     |                                    |        |        |         |
| 637                                                             | EF       | 1      | 1                        | CT               | 35         |                | U              | U              |         |                   |               |                                    |        |        |         |
| 637                                                             | EF       | 1      | 1                        | CT               | 38         |                | U              | U              |         |                   |               |                                    |        |        |         |
| 637                                                             | EF       | 1      | 1                        | CT               | 51         |                | U              | U              |         |                   |               |                                    |        |        |         |
| 637                                                             | EF       | 1      | 1                        | CT               | 48         |                | U              | U              |         |                   |               |                                    |        |        |         |
| 637                                                             | EF       | 1      | 1                        | CT               | 110        |                | U              | U              |         |                   |               |                                    |        |        |         |
| 637                                                             | EF       | 1      | 1                        | CT               | 110        |                | U              | U              |         |                   |               |                                    |        |        |         |
| 637                                                             | EF       | 1      | 1                        | CT               | 105        |                | U              | U              |         |                   |               |                                    |        |        |         |





Site #637, Downstream photo of a sedge filled channel  
Roll #12, Frame #21, Date: 2000/08/06



Site #637, Upstream photo of a sedge filled channel  
Roll #12, Frame #22, Date: 2000/08/06









## FDIS Site Card

|                                                                          |                                                                       | Reach # | ILP Map # | ILP # | Site |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------|---------|-----------|-------|------|
| Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000-000 |                                                                       | 1.0     | 103P.030  | 11002 | 638  |
| Section                                                                  | Comments                                                              |         |           |       |      |
| SITE CARD                                                                | Fish form 30543                                                       |         |           |       |      |
| CHANNEL                                                                  | Potential access from downstream fish bearing water. No fish captured |         |           |       |      |
| CHANNEL                                                                  | IS4* Stream                                                           |         |           |       |      |



## FDIS Fish Form

|                        |                                                          | Reach # | ILP Map # | ILP # |
|------------------------|----------------------------------------------------------|---------|-----------|-------|
| <b>Watershed Code:</b> | 000-000000-00000-00000-0000-0000-000-000-000-000-000-000 | 1.0     | 103P.030  | 11002 |

| WATERBODY                                                   |          |       |                                         |                     |          |                |                |           |                 |        |                                    |     |  |
|-------------------------------------------------------------|----------|-------|-----------------------------------------|---------------------|----------|----------------|----------------|-----------|-----------------|--------|------------------------------------|-----|--|
| Gazetted Name:                                              |          |       |                                         |                     |          | Local: None    |                |           |                 |        |                                    |     |  |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-0 |          |       |                                         |                     |          |                |                |           |                 |        |                                    |     |  |
| WS Code: 000-000000-00000-00000-0000-000-000-000-000-000    |          |       |                                         |                     |          |                |                |           |                 |        |                                    |     |  |
| Waterbody ID:                                               |          |       |                                         | ILP Map #: 103P.030 |          |                | ILP #:         |           | 11002           |        | Reach #: 1 -                       |     |  |
| Project ID: 3476                                            |          |       |                                         |                     |          |                | Lake/Stream: S |           | Lake From Date: |        |                                    |     |  |
| Fish Permit #: 25350K                                       |          |       | Date: 2000/08/06                        |                     |          | To: 2000/08/06 |                |           | Agency: C172    |        | Crew: EM/JD                        |     |  |
|                                                             |          |       |                                         |                     |          |                |                |           |                 |        | Resample: <input type="checkbox"/> |     |  |
| SITE / METHOD                                               |          |       |                                         |                     |          |                |                |           |                 |        |                                    |     |  |
| Site#                                                       | NID Map  | NID # | UTM:Zone/East/North/Mthd                |                     |          |                | MTD/NO         | Temp      | Cond            | Turbid | Comment                            |     |  |
| 638                                                         | 103P.030 | 60038 |                                         |                     |          |                | EF 1           | 10        | 60              | C      |                                    |     |  |
| A. GEAR SETTINGS                                            |          |       |                                         |                     |          |                |                |           |                 |        |                                    |     |  |
| Site#                                                       | MTD/NO   | H/P   | Date In                                 | Time In             | Date Out | Time Out       | Comment        |           |                 |        |                                    |     |  |
| 638                                                         | EF       | 1     | 1                                       | 2000/08/06          | 12:50    | 2000/08/06     | 13:25          |           |                 |        |                                    |     |  |
| C. ELECTROFISHER SPECIFICATIONS                             |          |       |                                         |                     |          |                |                |           |                 |        |                                    |     |  |
| Site#                                                       | MTD/NO   | H/P   | Encl                                    | Sec                 | Lnth     | Width          | Voltage        | Frequency | Pulse           | Make   | Model                              |     |  |
| 638                                                         | EF       | 1     | 1                                       | O                   | 132      | 200.0          | 0.5            | 600       | 60              | 6      | SMITH<br>ROOT                      | 12B |  |
| FISH SUMMARY                                                |          |       |                                         |                     |          |                |                |           |                 |        |                                    |     |  |
| Site#                                                       | MTD/NO   | H/P   | Species                                 | Stage               | Age      | Total #        | Lgth (Min/Max) | FishAct   | Comment         |        |                                    |     |  |
| 638                                                         | EF       | 1     | 1                                       | NFC                 |          | 0              |                |           |                 |        |                                    |     |  |
| COMMENTS                                                    |          |       |                                         |                     |          |                |                |           |                 |        |                                    |     |  |
| Section                                                     |          |       | Comments                                |                     |          |                |                |           |                 |        |                                    |     |  |
| WATERBODY                                                   |          |       | Water shallow, limited shocking habitat |                     |          |                |                |           |                 |        |                                    |     |  |





Site #638, Upstream photo of spanning LWD  
Roll #12, Frame #24, Date: 2000/08/06



Site #638, Downstream photo of overstream vegetation  
Roll #12, Frame #23, Date: 2000/08/06





## FDIS Site Card

|                                                                     | Reach # | ILP Map # | ILP # | Site |
|---------------------------------------------------------------------|---------|-----------|-------|------|
| Watershed Code: 000-000000-00000-00000-0000-000-000-000-000-000-000 | 1.0     | 103P.030  | 11003 | 639  |

## PROJECT

|                         |                                                 |               |      |
|-------------------------|-------------------------------------------------|---------------|------|
| Project Name:           | Mill Area 1:20K Stream Inventory Project        |               |      |
| Stream Name (gaz.):     | SKEENA RIVER                                    | Project Code: | 3476 |
| Project Watershed Code: | 400-000000-00000-00000-0000-000-000-000-000-000 |               |      |

## WATERSHED

|                                                                      |                          |                                      |            |
|----------------------------------------------------------------------|--------------------------|--------------------------------------|------------|
| Gazetted Name:                                                       |                          | Local Name: None                     |            |
| Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000 |                          |                                      |            |
| ILP Map#:                                                            | 103P.030                 | ILP #:                               | 11003      |
| NID Map #:                                                           | 103P.030                 | NID #:                               | 60039      |
| Reach #:                                                             | 1.0                      | Site #:                              | 639        |
| Field UTM(Zone/East/North/Method)                                    | GIS UTM(Zone/East/North) | Site Lg: 300                         | Method: HC |
|                                                                      | 9 556642 6118378         | Ref. Name:                           | Access: V2 |
| Date: 2000/08/06                                                     | Time: 13:35              | Agency: C172                         | Crew: EMJD |
| Fish Crd?: <input type="checkbox"/>                                  |                          | Incomplete: <input type="checkbox"/> |            |

## CHANNEL

|                    |     |       |       |       |       |       |       |       |       |       |       |      |            |     |           |     |      |
|--------------------|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------|------------|-----|-----------|-----|------|
|                    | Mtd | width | width | width | width | width | width | width | width | width | width | Avg  |            |     | Gadient % | Mtd | Avg  |
| Channel Width (m): | MS  | 0.91  | 0.83  | 0.76  | 0.51  | 0.84  | 1.12  |       |       |       |       | 0.83 | Method I:  | 5.0 | 4.0       | AL  | 5.00 |
| Wetted Width (m):  | MS  | 0.41  | 0.36  | 0.29  | 0.42  | 0.38  | 0.52  |       |       |       |       | 0.40 | Method II: | 6.0 | 5.0       | AL  |      |
| Pool Depth (m):    | MS  | 0.06  | 0.07  | 0.08  | 0.09  | 0.06  | 0.05  |       |       |       |       | 0.07 |            |     |           |     |      |

|           |    |    |    |           |            |                                                                                                    |                              |                                  |
|-----------|----|----|----|-----------|------------|----------------------------------------------------------------------------------------------------|------------------------------|----------------------------------|
| Wb Depth: | .4 | .3 | .4 | Avg: 0.37 | Method: MS | Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> | Dw: <input type="checkbox"/> | Tribs.: <input type="checkbox"/> |
|-----------|----|----|----|-----------|------------|----------------------------------------------------------------------------------------------------|------------------------------|----------------------------------|

## COVER

Total: A

|             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |
|-------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Type:       | SWD                                                                                   | LWD                                                                                   | B                                                                          | U                                                                                     | DP                                                                         | OV                                                                                    | IV                                                                                    |
| Amount:     | T                                                                                     | T                                                                                     | N                                                                          | T                                                                                     | N                                                                          | D                                                                                     | S                                                                                     |
| Loc: P/S/O: | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

## CROWN CLOSURE

2 21-40%

INSTREAM VEG: N ☐ A ☐ M ☒ V ☒

LWD: F DIST: E

LB SHP: ○

Texture: ☒ F ☐ G ☐ C ☐ B ☐ R ☐ A

RIP: C

STG: MF

RB SHP: 0

**Texture:** ☒ F ☐ G ☐ C ☐ B ☐ R ☐ A

RIP: C

STG: MF

## WATER

|                   |            |                                                                                                                               |            |
|-------------------|------------|-------------------------------------------------------------------------------------------------------------------------------|------------|
| EMS:              |            | Req #:                                                                                                                        |            |
| Temp: 10          | Method: T3 | Cond.: 50                                                                                                                     | Method: S4 |
| pH: 7.1           | Method: P2 | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C | Method: GE |
| Flood Signs: NONE | Method: GE |                                                                                                                               |            |

## MORPHOLOGY

|                 |                          |           |                           |                                       |                               |                               |                              |                               |                             |                          |                          |                          |                          |
|-----------------|--------------------------|-----------|---------------------------|---------------------------------------|-------------------------------|-------------------------------|------------------------------|-------------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Bed Material:   | Dominant: G              | Subdom: C |                           | O1                                    | B1                            | B2                            | B3                           | D1                            | D2                          | D3                       |                          |                          |                          |
| D95: 15.0       | D (cm): 5.00             | Morph: RP |                           | <input type="checkbox"/>              | <input type="checkbox"/>      | <input type="checkbox"/>      | <input type="checkbox"/>     | <input type="checkbox"/>      | <input type="checkbox"/>    | <input type="checkbox"/> |                          |                          |                          |
| Pattern: SI     |                          |           | DISTURBANCE<br>INDICATORS | C1                                    | C2                            | C3                            | C4                           | C5                            | S1                          | S2                       | S3                       | S4                       | S5                       |
| Islands: N      |                          |           |                           | <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"/> |
| Coupling: PC    |                          |           |                           |                                       |                               |                               |                              |                               |                             |                          |                          |                          |                          |
| Confinement: OC |                          |           |                           |                                       |                               |                               |                              |                               |                             |                          |                          |                          |                          |
| FS7             | <input type="checkbox"/> |           |                           |                                       |                               |                               |                              |                               |                             |                          |                          |                          |                          |
|                 |                          |           | Bars:                     | <input checked="" type="checkbox"/> N | <input type="checkbox"/> SIDE | <input type="checkbox"/> DIAG | <input type="checkbox"/> MID | <input type="checkbox"/> SPAN | <input type="checkbox"/> BR |                          |                          |                          |                          |

## HABITAT QUALITY

| Name               | Comments                                               |
|--------------------|--------------------------------------------------------|
| OverWinter Habitat | No overwintering habitat present                       |
| Spawning Habitat   | Poor spawning habitat-ephemeral stream, shallow depths |
| Rearing Habitat    | Poor rearing habitat-ephemeral stream, shallow depths  |

## PHOTOS

| Photo |    |    |    | Foc Lg | Dir | Comments                                 |
|-------|----|----|----|--------|-----|------------------------------------------|
| R:    | 10 | F: | 1  | STD    | D   | Downstream photo of gravels and low flow |
| R:    | 12 | F: | 25 | STD    | U   | Upstream photo of LWD across channel     |

## COMMENTS

| Section | Comments |
|---------|----------|
|---------|----------|



## FDIS Site Card

|                                                                     |                                                                     | Reach # | ILP Map # | ILP # | Site |
|---------------------------------------------------------------------|---------------------------------------------------------------------|---------|-----------|-------|------|
| Watershed Code: 000-000000-00000-00000-0000-000-000-000-000-000-000 |                                                                     | 1.0     | 103P.030  | 11003 | 639  |
| Section                                                             | Comments                                                            |         |           |       |      |
| SITE CARD                                                           | Fish form 30544                                                     |         |           |       |      |
| CHANNEL                                                             | Access to this stream is possible from downstream fish bearing lake |         |           |       |      |
| CHANNEL                                                             | S4" Stream                                                          |         |           |       |      |

## FDIS Fish Form

Watershed Code:

000-000000-00000-00000-0000-0000-000-000-000-000-000-000-000

Reach #

ILP Map #

iLP #

1.0

103P.030

11003

| WATERBODY                                                       |          |        |                          |                     |         |                |          |                 |           |             |               |                                    |  |
|-----------------------------------------------------------------|----------|--------|--------------------------|---------------------|---------|----------------|----------|-----------------|-----------|-------------|---------------|------------------------------------|--|
| Gazetted Name:                                                  |          |        |                          |                     |         |                |          |                 |           | Local: None |               |                                    |  |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-000-0 |          |        |                          |                     |         |                |          |                 |           |             |               |                                    |  |
| WS Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000   |          |        |                          |                     |         |                |          |                 |           |             |               |                                    |  |
| Waterbody ID:                                                   |          |        |                          | ILP Map #: 103P.030 |         |                |          | ILP #:          |           | 11003       |               | Reach #: 1 -                       |  |
| Project ID: 3476                                                |          |        |                          | Lake/Stream: S      |         |                |          | Lake From Date: |           |             |               |                                    |  |
| Fish Permit #:                                                  |          | 25350K |                          | Date: 2000/08/06    |         | To: 2000/08/06 |          | Agency: C172    |           | Crew: EM/JD |               | Resample: <input type="checkbox"/> |  |
| SITE / METHOD                                                   |          |        |                          |                     |         |                |          |                 |           |             |               |                                    |  |
| Site#                                                           | NID Map  | NID #  | UTM:Zone/East/North/Mthd |                     |         |                | MTD/NO   |                 | Temp      | Cond        | Turbid        | Comment                            |  |
| 639                                                             | 103P.030 | 60039  |                          |                     |         |                | EF       | 1               | 10        | 50          | C             |                                    |  |
| A. GEAR SETTINGS                                                |          |        |                          |                     |         |                |          |                 |           |             |               |                                    |  |
| Site#                                                           | MTD/NO   |        | H/P                      | Date In             | Time In | Date Out       | Time Out | Comment         |           |             |               |                                    |  |
| 639                                                             | EF       | 1      | 1                        | 2000/08/06          | 13:35   | 2000/08/06     | 14:10    |                 |           |             |               |                                    |  |
| C. ELECTROFISHER SPECIFICATIONS                                 |          |        |                          |                     |         |                |          |                 |           |             |               |                                    |  |
| Site#                                                           | MTD/NO   |        | H/P                      | Encl                | Sec     | Lnth           | Width    | Voltage         | Frequency | Pulse       | Make          | Model                              |  |
| 639                                                             | EF       | 1      | 1                        | O                   | 231     | 300.0          | 0.5      | 600             | 60        | 6           | SMITH<br>ROOT | 12B                                |  |
| FISH SUMMARY                                                    |          |        |                          |                     |         |                |          |                 |           |             |               |                                    |  |
| Site#                                                           | MTD/NO   |        | H/P                      | Species             | Stage   | Age            | Total #  | Lgth (Min/Max)  | FishAct   | Comment     |               |                                    |  |
| 639                                                             | EF       | 1      | 1                        | NFC                 |         |                | 0        |                 |           |             |               |                                    |  |





Site #639, Upstream photo of LWD across channel  
Roll #12, Frame #25, Date: 2000/08/06



Site #639, Downstream photo of gravels and low flow  
Roll #10, Frame #1, Date: 2000/08/06



## Stream Reach/Site Summary Report

| Reach # | ILP Map # | ILP # |
|---------|-----------|-------|
|---------|-----------|-------|

**Watershed Code:** 400-362300-000000-000000-0000-0000-000-000-000-000-000

8.0

| STREAM REFERENCING                                                                                 |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------|---|------------|------|---|---|---|-----------------|------|------|------|---|
| Gazetted Name: MILL CREEK                                                                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Local Name: Mill Creek                                                     |                                                                                       |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Watershed Code: 400-362300-00000-00000-0000-000-000-000-000-000                                    |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ILP Map #:                                                                 |                                                                                       | ILP #:                                                                                |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| REACH                                                                                              |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Reach #: 8.0                                                                                       |                                                                                       | UTM(Zone/East/North): 9.555899.6120375                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sample Type: B                                                             |                                                                                       |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Length (km): 1.59                                                                                  |                                                                                       | Gradient (%): 3.14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       | US Elev (m): 600                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            | Order: 2                                                                              |                                                                                       | Magnitude: 3                                                                                                                  |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Confinement: OC                                                                                    |                                                                                       | Coupling: DC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       | Open water: A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            | BGC Zone: ICH                                                                         |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Islands: N                                                                                         |                                                                                       | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       | Riparian Veg.: M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            | Landuse: FR                                                                           |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| SITE                                                                                               |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Site #: 640                                                                                        |                                                                                       | GIS UTM(Zone/East/North)<br>9 : 556060 : 6120373                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       | Date: 2000/08/06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            | Agency: C172                                                                          |                                                                                       | Crew: EM/JD                                                                                                                   |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Site Lg (m): 300                                                                                   |                                                                                       | Ref. Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| CHANNEL                                                                                            |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><th></th><th>Avg</th><th>Min</th><th>Max</th><th>#</th></tr> <tr><td>Channel Width (m):</td><td>0.96</td><td>0.75</td><td>1.26</td><td>6</td></tr> <tr><td>Wetted Width (m):</td><td>0.52</td><td>0.29</td><td>1</td><td>6</td></tr> <tr><td>Wb Depth (m):</td><td>0.40</td><td>0.4</td><td>0.4</td><td>3</td></tr> </table>                                                                                                                                                      |                                                                            |                                                                                       | Avg                                                                                   | Min                                                                                                                           | Max                 | #                        | Channel Width (m):       | 0.96                     | 0.75                     | 1.26                     | 6                        | Wetted Width (m): | 0.52                     | 0.29                     | 1                        | 6                        | Wb Depth (m):            | 0.40                     | 0.4                      | 0.4                      | 3                        | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><th></th><th>Avg %</th><th>Min %</th><th>Max %</th><th>#</th></tr> <tr><td>Gadient %:</td><td>3.50</td><td>3</td><td>4</td><td>4</td></tr> <tr><td>Pool Depth (m):</td><td>0.08</td><td>0.04</td><td>0.12</td><td>6</td></tr> </table> |                                                                                       |                                                                                       |                                                                                       |                                                                            | Avg %                                                                                 | Min %                                                                                 | Max %                         | # | Gadient %: | 3.50 | 3 | 4 | 4 | Pool Depth (m): | 0.08 | 0.04 | 0.12 | 6 |
|                                                                                                    | Avg                                                                                   | Min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Max                                                                                   | #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Channel Width (m):                                                                                 | 0.96                                                                                  | 0.75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1.26                                                                                  | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Wetted Width (m):                                                                                  | 0.52                                                                                  | 0.29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1                                                                                     | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Wb Depth (m):                                                                                      | 0.40                                                                                  | 0.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0.4                                                                                   | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
|                                                                                                    | Avg %                                                                                 | Min %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Max %                                                                                 | #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Gadient %:                                                                                         | 3.50                                                                                  | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4                                                                                     | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Pool Depth (m):                                                                                    | 0.08                                                                                  | 0.04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0.12                                                                                  | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                      |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                                                                       | Temp (C): 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       | pH: 7.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            | Cond.: 60                                                                             |                                                                                       | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| MORPHOLOGY                                                                                         |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Bed Material: Dominant: F                                                                          |                                                                                       | Subdom: G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| D95: 25.00                                                                                         |                                                                                       | D (cm): 5.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       | <table style="width:100%; text-align: center;"> <tr> <td>O1</td><td>B1</td><td>B2</td><td>B3</td><td>D1</td><td>D2</td><td>D3</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>                                                                                                                                                               |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                     | O1                       | B1                       | B2                       | B3                       | D1                       | D2                       | D3                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| O1                                                                                                 | B1                                                                                    | B2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | B3                                                                                    | D1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | D2                                                                         | D3                                                                                    |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| <input type="checkbox"/>                                                                           | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                   | <input type="checkbox"/>                                                              |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Pattern: SI                                                                                        |                                                                                       | Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       | DISTURBANCE INDICATORS<br><table style="width:100%; text-align: center;"> <tr> <td>C1</td><td>C2</td><td>C3</td><td>C4</td><td>C5</td><td>S1</td><td>S2</td><td>S3</td><td>S4</td><td>S5</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                     | C1                       | C2                       | C3                       | C4                       | C5                       | S1                       | S2                | S3                       | S4                       | S5                       | <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"/>                                                              |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| C1                                                                                                 | C2                                                                                    | C3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | C4                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                     | C5                       | S1                       | S2                       | S3                       | S4                       | S5                       |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| <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"/> |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Coupling: PC                                                                                       |                                                                                       | Confinement: FC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Morph: RP                                                                                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| COVER                                                                                              |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Total: A                                                                                           |                                                                                       | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th>Type:</th><th>SWD</th><th>LWD</th><th>B</th><th>U</th><th>DP</th><th>OV</th><th>IV</th> </tr> <tr> <td>Amount:</td><td>T</td><td>S</td><td>T</td><td>T</td><td>N</td><td>D</td><td>T</td> </tr> <tr> <td>Loc: P/S/O:</td><td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td><td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td><td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td><td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td><td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td><td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> </table> |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                       |                                                                                       |                                                                                                                               | Type:               | SWD                      | LWD                      | B                        | U                        | DP                       | OV                       | IV                | Amount:                  | T                        | S                        | T                        | T                        | N                        | D                        | T                        | Loc: P/S/O:              | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | FSZ: <input type="checkbox"/> |   |            |      |   |   |   |                 |      |      |      |   |
| Type:                                                                                              | SWD                                                                                   | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | B                                                                                     | U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DP                                                                         | OV                                                                                    | IV                                                                                    |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Amount:                                                                                            | T                                                                                     | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | T                                                                                     | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N                                                                          | D                                                                                     | T                                                                                     |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Loc: P/S/O:                                                                                        | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| LWD: F                                                                                             |                                                                                       | DIST: E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       | INSTREAM VEG: N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                                                                       |                                                                                       | CROWN CLOSURE<br>2      21-40%                                                                                                |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| RB SHP: V                                                                                          |                                                                                       | Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                       | RIP: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | STG: MF                                                                               |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| LB SHP: V                                                                                          |                                                                                       | Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                       | RIP: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | STG: MF                                                                               |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| FISH                                                                                               |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                       |                                                                                       |                                                                                                                               |                     |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Site Number                                                                                        | Capture Method                                                                        | Number of Events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Total Length (m)                                                                      | Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Voltage                                                                    | Species                                                                               | Total Fish                                                                            | Minimum Length (mm)                                                                                                           | Maximum Length (mm) |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |
| 640                                                                                                | EF                                                                                    | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 100                                                                                   | 215 sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 600                                                                        | DV                                                                                    | 9                                                                                     | 42                                                                                                                            | 56                  |                          |                          |                          |                          |                          |                          |                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |   |            |      |   |   |   |                 |      |      |      |   |



# FDIS Site Card

Watershed Code: 400-362300-00000-00000-0000-000-000-000-000-000

Reach # 8.0 ILP Map # ILP # Site 640

| PROJECT                                                                                                                                                                               |                                     |                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------|------------|--------------------------------------|--|--|
| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       | Project Code: 3476                                                                                 |            |                                      |  |  |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                      |                                     |                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| Project Watershed Code: 400-000000-00000-00000-0000-000-000-000-000-000                                                                                                               |                                     |                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| WATERSHED                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| Gazetted Name: MILL CREEK                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       | Local Name: Mill Creek                                                                             |            |                                      |  |  |
| Watershed Code: 400-362300-00000-00000-0000-000-000-000-000-000                                                                                                                       |                                     |                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| ILP Map#:                                                                                                                                                                             |                                     | ILP #:                                                                                                                                                                                                                                                                             |                                     | NID Map #: 103P.030                 |                          |                                            | NID #: 60040                        |                                                                                                                                                                                |       | Reach #: 8.0                                                                                       |            | Site #: 640                          |  |  |
| Field UTM(Zone/East/North/Method)                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                    |                                     | GIS UTM(Zone/East/North)            |                          |                                            |                                     | Site Lg: 300                                                                                                                                                                   |       | Method: HC                                                                                         |            | Access: V2                           |  |  |
| 9 556060 6120373                                                                                                                                                                      |                                     |                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                            |                                     | Ref. Name:                                                                                                                                                                     |       |                                                                                                    |            |                                      |  |  |
| Date: 2000/08/06                                                                                                                                                                      |                                     | Time: 14:20                                                                                                                                                                                                                                                                        |                                     | Agency: C172                        |                          |                                            | Crew: EM/JD                         |                                                                                                                                                                                |       | Fish Crd?: <input checked="" type="checkbox"/>                                                     |            | Incomplete: <input type="checkbox"/> |  |  |
| CHANNEL                                                                                                                                                                               |                                     |                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
|                                                                                                                                                                                       |                                     | Mtd                                                                                                                                                                                                                                                                                | width                               | width                               | width                    | width                                      | width                               | width                                                                                                                                                                          | width | width                                                                                              | width      | Avg                                  |  |  |
| Channel Width (m):                                                                                                                                                                    |                                     | MS                                                                                                                                                                                                                                                                                 | 1.12                                | 0.86                                | 0.91                     | 1.26                                       | 0.75                                | 0.86                                                                                                                                                                           |       |                                                                                                    |            | 0.96                                 |  |  |
| Wetted Width (m):                                                                                                                                                                     |                                     | MS                                                                                                                                                                                                                                                                                 | 0.43                                | 0.29                                | 0.36                     | 1.00                                       | 0.53                                | 0.49                                                                                                                                                                           |       |                                                                                                    |            | 0.52                                 |  |  |
| Pool Depth (m):                                                                                                                                                                       |                                     | MS                                                                                                                                                                                                                                                                                 | 0.07                                | 0.06                                | 0.08                     | 0.11                                       | 0.12                                | 0.04                                                                                                                                                                           |       |                                                                                                    |            | 0.08                                 |  |  |
| Wb Depth:                                                                                                                                                                             |                                     | .4                                                                                                                                                                                                                                                                                 | .4                                  | .4                                  | Avg: 0.40                |                                            |                                     | Method: MS                                                                                                                                                                     |       | Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |            |                                      |  |  |
| COVER                                                                                                                                                                                 |                                     | Total: A                                                                                                                                                                                                                                                                           |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| Type:                                                                                                                                                                                 | SWD                                 | LWD                                                                                                                                                                                                                                                                                | B                                   | U                                   | DP                       | OV                                         | IV                                  | CROWN CLOSURE                                                                                                                                                                  |       |                                                                                                    |            |                                      |  |  |
| Amount:                                                                                                                                                                               | T                                   | S                                                                                                                                                                                                                                                                                  | T                                   | T                                   | N                        | D                                          | T                                   | 2 21-40%                                                                                                                                                                       |       |                                                                                                    |            |                                      |  |  |
| Loc: P/S/O:                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                   | <input checked="" type="checkbox"/> | INSTREAM VEG: N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input type="checkbox"/>                                           |       |                                                                                                    |            |                                      |  |  |
| LWD: F                                                                                                                                                                                |                                     | DIST: E                                                                                                                                                                                                                                                                            |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| LB SHP: V                                                                                                                                                                             |                                     | RB SHP: V                                                                                                                                                                                                                                                                          |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                                     | Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                              |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| RIP: C                                                                                                                                                                                |                                     | RIP: C                                                                                                                                                                                                                                                                             |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| STG: MF                                                                                                                                                                               |                                     | STG: MF                                                                                                                                                                                                                                                                            |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| WATER                                                                                                                                                                                 |                                     |                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| EMS:                                                                                                                                                                                  |                                     | Temp: 10                                                                                                                                                                                                                                                                           |                                     |                                     | Method: T3               |                                            |                                     | Req #: Cond.: 60                                                                                                                                                               |       |                                                                                                    | Method: S4 |                                      |  |  |
| pH: 7.1                                                                                                                                                                               |                                     | Flood Signs: NONE                                                                                                                                                                                                                                                                  |                                     |                                     | Method: P2               |                                            |                                     | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C                                                  |       |                                                                                                    | Method: GE |                                      |  |  |
|                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                                                                    |                                     |                                     | Method: GE               |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| MORPHOLOGY                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| Bed Material:                                                                                                                                                                         |                                     | Dominant: F                                                                                                                                                                                                                                                                        |                                     |                                     | Subdom: G                |                                            |                                     | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                           |       |                                                                                                    |            |                                      |  |  |
| D95: 25.0                                                                                                                                                                             |                                     | D (cm): 5.00                                                                                                                                                                                                                                                                       |                                     |                                     | Morph: RP                |                                            |                                     | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |       |                                                                                                    |            |                                      |  |  |
| Pattern: SI                                                                                                                                                                           |                                     | DISTURBANCE INDICATORS                                                                                                                                                                                                                                                             |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| Islands: N                                                                                                                                                                            |                                     | C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                                                                                                      |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| Coupling: PC                                                                                                                                                                          |                                     | <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"/> |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| Confinement: FC                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| FSZ <input type="checkbox"/>                                                                                                                                                          |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                     |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| HABITAT QUALITY                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| Name                                                                                                                                                                                  |                                     | Comments                                                                                                                                                                                                                                                                           |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| Overwinter Habitat                                                                                                                                                                    |                                     | No overwintering habitat present                                                                                                                                                                                                                                                   |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| Spawning Habitat                                                                                                                                                                      |                                     | Poor spawning habitat-fines cover most of the available substrates, low flows                                                                                                                                                                                                      |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| Rearing Habitat                                                                                                                                                                       |                                     | Poor rearing habitat-ephemeral stream, low flows, abundant fines, shallow pool depths                                                                                                                                                                                              |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| PHOTOS                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| Photo                                                                                                                                                                                 |                                     | Foc Lg                                                                                                                                                                                                                                                                             |                                     | Dir                                 |                          | Comments                                   |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| R: 10                                                                                                                                                                                 | F: 2                                | STD                                                                                                                                                                                                                                                                                |                                     | U                                   |                          | Upstream photo of representative habitat   |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| R: 10                                                                                                                                                                                 | F: 3                                | STD                                                                                                                                                                                                                                                                                |                                     | D                                   |                          | Downstream photo of representative habitat |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| COMMENTS                                                                                                                                                                              |                                     |                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |
| Section                                                                                                                                                                               |                                     | Comments                                                                                                                                                                                                                                                                           |                                     |                                     |                          |                                            |                                     |                                                                                                                                                                                |       |                                                                                                    |            |                                      |  |  |

## FDIS Site Card

| Watershed Code: 400-362300-00000-00000-0000-0000-000-000-000-000-000 |                 | Reach #  | ILP Map # | ILP # | Site |
|----------------------------------------------------------------------|-----------------|----------|-----------|-------|------|
| Section                                                              |                 | 8.0      |           |       | 640  |
|                                                                      |                 | Comments |           |       |      |
| SITE CARD                                                            | Fish form 30498 |          |           |       |      |
| CHANNEL                                                              | DV Captured     |          |           |       |      |
| CHANNEL                                                              | IS4 Stream      |          |           |       |      |



# FDIS Fish Form

Reach #      ILP Map #      ILP #

Watershed Code:      400-362300-00000-00000-0000-0000-000-000-000-000-000

8.0

| WATERBODY                                                        |          |       |                          |                  |          |                |                |                 |         |                   |           |                                    |        |        |         |
|------------------------------------------------------------------|----------|-------|--------------------------|------------------|----------|----------------|----------------|-----------------|---------|-------------------|-----------|------------------------------------|--------|--------|---------|
| Gazetted Name: MILL CREEK                                        |          |       |                          |                  |          |                |                |                 |         | Local: Mill Creek |           |                                    |        |        |         |
| Project Code: 400-000000-00000-00000-0000-0000-000-000-000-000-0 |          |       |                          |                  |          |                |                |                 |         |                   |           |                                    |        |        |         |
| WS Code: 400-362300-00000-00000-0000-0000-000-000-000-000-000    |          |       |                          |                  |          |                |                |                 |         |                   |           |                                    |        |        |         |
| Waterbody ID:                                                    |          |       |                          | ILP Map #:       |          |                |                | ILP #:          |         | Reach #: 8 -      |           |                                    |        |        |         |
| Project ID: 3476                                                 |          |       |                          | Lake/Stream: S   |          |                |                | Lake From Date: |         |                   |           |                                    |        |        |         |
| Fish Permit #: 25350K                                            |          |       |                          | Date: 2000/08/06 |          | To: 2000/08/06 |                | Agency: C172    |         | Crew: EM/JD       |           | Resample: <input type="checkbox"/> |        |        |         |
| SITE / METHOD                                                    |          |       |                          |                  |          |                |                |                 |         |                   |           |                                    |        |        |         |
| Site#                                                            | NID Map  | NID # | UTM:Zone/East/North/Mthd |                  |          | MTD/NO         |                | Temp            | Cond    | Turbid            | Comment   |                                    |        |        |         |
| 640                                                              | 103P.030 | 60040 |                          |                  |          | EF             | 1              | 10              | 60      | C                 |           |                                    |        |        |         |
| A. GEAR SETTINGS                                                 |          |       |                          |                  |          |                |                |                 |         |                   |           |                                    |        |        |         |
| Site#                                                            | MTD/NO   | H/P   | Date In                  | Time In          | Date Out | Time Out       | Comment        |                 |         |                   |           |                                    |        |        |         |
| 640                                                              | EF       | 1     | 1                        | 2000/08/06       | 14:20    | 2000/08/06     | 15:30          |                 |         |                   |           |                                    |        |        |         |
| C. ELECTROFISHER SPECIFICATIONS                                  |          |       |                          |                  |          |                |                |                 |         |                   |           |                                    |        |        |         |
| Site#                                                            | MTD/NO   | H/P   | Encl                     | Sec              | Lnth     | Width          | Voltage        | Frequency       | Pulse   | Make              | Model     |                                    |        |        |         |
| 640                                                              | EF       | 1     | 1                        | O                | 215      | 100.0          | 0.5            | 600             | 60      | 6                 | SMITH     | 12B                                |        |        |         |
|                                                                  |          |       |                          |                  |          |                |                |                 |         | ROOT              |           |                                    |        |        |         |
| FISH SUMMARY                                                     |          |       |                          |                  |          |                |                |                 |         |                   |           |                                    |        |        |         |
| Site#                                                            | MTD/NO   | H/P   | Species                  | Stage            | Age      | Total #        | Lgth (Min/Max) |                 | FishAct | Comment           |           |                                    |        |        |         |
| 640                                                              | EF       | 1     | 1                        | DV               | F        |                | 9              | 42              | 56      | R                 |           |                                    |        |        |         |
| INDIVIDUAL FISH DATA                                             |          |       |                          |                  |          |                |                |                 |         |                   |           |                                    |        |        |         |
| Site#                                                            | MTD/NO   | H/P   | Species                  | Length           | Weight   | Sex            | Mat            | Age             |         | Vch#              | Genetic   |                                    | Roll # | Frame# | Comment |
|                                                                  |          |       |                          |                  |          |                |                | Str/Smpl#       | Age     |                   | Str/Smpl# |                                    |        |        |         |
| 640                                                              | EF       | 1     | 1                        | DV               | 43       |                | U              | U               |         |                   |           |                                    |        |        |         |
| 640                                                              | EF       | 1     | 1                        | DV               | 42       |                | U              | U               |         |                   |           |                                    |        |        |         |
| 640                                                              | EF       | 1     | 1                        | DV               | 44       |                | U              | U               |         |                   |           |                                    |        |        |         |
| 640                                                              | EF       | 1     | 1                        | DV               | 50       |                | U              | U               |         |                   |           |                                    |        |        |         |
| 640                                                              | EF       | 1     | 1                        | DV               | 56       |                | U              | U               |         |                   |           |                                    |        |        |         |
| 640                                                              | EF       | 1     | 1                        | DV               | 48       |                | U              | U               |         |                   |           |                                    |        |        |         |
| 640                                                              | EF       | 1     | 1                        | DV               | 46       |                | U              | U               |         |                   |           |                                    |        |        |         |
| 640                                                              | EF       | 1     | 1                        | DV               | 51       |                | U              | U               |         |                   |           |                                    |        |        |         |
| 640                                                              | EF       | 1     | 1                        | DV               | 53       |                | U              | U               |         |                   |           |                                    |        |        |         |





Site #640, Downstream photo of representative habitat  
Roll #10, Frame #3, Date: 2000/08/06



Site #640, Upstream photo of representative habitat  
Roll #10, Frame #2, Date: 2000/08/06



## Stream Reach/Site Summary Report

Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000-000

| Reach # | ILP Map # | ILP # |
|---------|-----------|-------|
| 1.0     | 103P.020  | 11069 |

| STREAM REFERENCING                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                         |                                     |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
|----------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------|-----|---|---|----|----|----|---------|---|---|---|---|---|---|---|-------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------|--|
| Gazetted Name:                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                         | Local Name: None                    |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| Watershed Code: 000-000000-00000-00000-0000-000-000-000-000-000                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                         | ILP Map #: 103P.020                 |                                     | ILP #: 11069                        |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| REACH                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                         |                                     |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| Reach #: 1.0                                                                                       |                                     | UTM(Zone/East/North): 9.556616.6113183                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                                                                                                                                                                                         | Sample Type: B                      |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| Length (km): 1.51                                                                                  |                                     | Gradient (%): 7.23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | US Elev (m): 469                                                                                                                                                                                        |                                     | Order: 2                            |                                     | Magnitude: 6                                                                                                                  |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| Confinement: OC                                                                                    |                                     | Coupling: DC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | Open water: A                                                                                                                                                                                           |                                     | BGC Zone: ICH                       |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| Islands: N                                                                                         |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          | Riparian Veg.: M                                                                                                                                                                                        |                                     | Landuse: FR                         |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| SITE                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                         |                                     |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| Site #: 641                                                                                        |                                     | GIS UTM(Zone/East/North)<br>9 558013 6113074                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | Date: 2000/08/06                                                                                                                                                                                        |                                     | Agency: C172                        |                                     | Crew: EM/JD                                                                                                                   |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| Site Lg (m): 200                                                                                   |                                     | Ref. Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                                                                                                                                                                         |                                     |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| CHANNEL                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                         |                                     |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | Avg                                                                                                                                                                                                     |                                     | Min                                 |                                     | Max                                                                                                                           |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | Channel Width (m): 1.93                                                                                                                                                                                 |                                     | 1.38                                |                                     | 2.56                                                                                                                          |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | Wetted Width (m): 1.08                                                                                                                                                                                  |                                     | 0.71                                |                                     | 1.3                                                                                                                           |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | Wb Depth (m): 0.40                                                                                                                                                                                      |                                     | 0.4                                 |                                     | 0.4                                                                                                                           |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                         |                                     | Avg %                               |                                     | Min %                                                                                                                         |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                         |                                     | Gadient %: 1.38                     |                                     | 1.5                                                                                                                           |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                         |                                     | Pool Depth (m): 0.13                |                                     | 0.100                                                                                                                         |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                         |                                     |                                     |                                     | Max %                                                                                                                         |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                         |                                     |                                     |                                     | 2                                                                                                                             |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                         |                                     |                                     |                                     | 4                                                                                                                             |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                         |                                     |                                     |                                     | 6                                                                                                                             |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                     | Temp (C): 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | pH: 7.2                                                                                                                                                                                                 |                                     | Cond.: 60                           |                                     | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| MORPHOLOGY                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                         |                                     |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| Bed Material: Dominant: C                                                                          |                                     | Subdom: G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR          |                                     |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| D95: 20.00                                                                                         |                                     | D (cm): 5.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                                    |                                     |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| Pattern: SI                                                                                        |                                     | Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                     |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| Coupling: DC                                                                                       |                                     | Confinement: OC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                           |                                     |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| Morph: RP                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                     |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| COVER                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                         |                                     |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| Total: A                                                                                           |                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> <tr> <td>Amount:</td> <td>T</td> <td>S</td> <td>N</td> <td>T</td> <td>T</td> <td>D</td> <td>T</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table> |                          |                                                                                                                                                                                                         |                                     |                                     |                                     | Type:                                                                                                                         | SWD                 | LWD | B | U | DP | OV | IV | Amount: | T | S | N | T | T | D | T | Loc: P/S/O: | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | FSZ: <input type="checkbox"/> |  |
| Type:                                                                                              | SWD                                 | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | B                        | U                                                                                                                                                                                                       | DP                                  | OV                                  | IV                                  |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| Amount:                                                                                            | T                                   | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | N                        | T                                                                                                                                                                                                       | T                                   | D                                   | T                                   |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| Loc: P/S/O:                                                                                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| LWD: F                                                                                             |                                     | DIST: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | INSTREAM VEG: N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input type="checkbox"/>                                                                    |                                     |                                     |                                     | CROWN CLOSURE<br>2 21-40%                                                                                                     |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| RB SHP: S                                                                                          |                                     | Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | RIP: D                                                                                                                                                                                                  |                                     | STG: PS                             |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| LB SHP: O                                                                                          |                                     | Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | RIP: D                                                                                                                                                                                                  |                                     | STG: PS                             |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| FISH                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                         |                                     |                                     |                                     |                                                                                                                               |                     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| Site Number                                                                                        | Capture Method                      | Number of Events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total Length (m)         | Total Time                                                                                                                                                                                              | Voltage                             | Species                             | Total Fish                          | Minimum Length (mm)                                                                                                           | Maximum Length (mm) |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |
| 641                                                                                                | EF                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 200                      | 217 sec                                                                                                                                                                                                 | 600                                 | DV                                  | 5                                   | 86                                                                                                                            | 129                 |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |                               |  |

# FDIS Site Card

Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000-000 Reach # 1.0 ILP Map # 103P.020 ILP # 11069 Site 641

| PROJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                         |                          |                                                                                                                 |                                     |                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
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| <div style="display: flex; justify-content: space-between;"> <div> <b>Project Name:</b> Mill Area 1:20K Stream Inventory Project<br/> <b>Stream Name (gaz.):</b> SKEENA RIVER<br/> <b>Project Watershed Code:</b> 400-000000-00000-00000-0000-000-000-000-000-000-000 </div> <div> <b>Project Code:</b> 3476 </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                         |                          |                                                                                                                 |                                     |                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| WATERSHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                                         |                          |                                                                                                                 |                                     |                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <b>Gazetted Name:</b> _____ <b>Local Name:</b> None<br><b>Watershed Code:</b> 000-000000-00000-00000-0000-0000-000-000-000-000-000-000<br><b>ILP Map#:</b> 103P.020 <b>ILP #:</b> 11069 <b>NID Map #:</b> 103P.020 <b>NID #:</b> 60041 <b>Reach #:</b> 1.0 <b>Site #:</b> 641                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                         |                          |                                                                                                                 |                                     |                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <b>Field UTM(Zone/East/North/Method)</b><br><div style="border: 1px solid black; padding: 2px;"> 9 558013 6113074 </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                                                         |                          | <b>GIS UTM(Zone/East/North)</b><br><div style="border: 1px solid black; padding: 2px;"> 9 558013 6113074 </div> |                                     |                                                                                                           |                                     | <b>Site Lg:</b> 200<br><b>Ref. Name:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | <b>Method:</b> HC<br><b>Access:</b> V2                                      |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <b>Date:</b> 2000/08/06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | <b>Time:</b> 15:51                                                                                      |                          | <b>Agency:</b> C172                                                                                             |                                     | <b>Crew:</b> EM/JD                                                                                        |                                     | <b>Fish Crd?:</b> <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | <b>Incomplete:</b> <input type="checkbox"/>                                 |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| CHANNEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                         |                          |                                                                                                                 |                                     |                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Mtd</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Channel Width (m):</td> <td>T</td> <td>2.56</td> <td>2.10</td> <td>1.40</td> <td>1.38</td> <td>2.02</td> <td>2.11</td> <td></td> <td></td> <td></td> <td></td> <td>1.93</td> </tr> <tr> <td>Wetted Width (m):</td> <td>T</td> <td>1.20</td> <td>1.13</td> <td>0.86</td> <td>0.71</td> <td>1.29</td> <td>1.30</td> <td></td> <td></td> <td></td> <td></td> <td>1.08</td> </tr> <tr> <td>Pool Depth (m):</td> <td>MS</td> <td>0.10</td> <td>0.15</td> <td>0.16</td> <td>0.10</td> <td>0.11</td> <td>0.14</td> <td></td> <td></td> <td></td> <td></td> <td>0.13</td> </tr> </tbody> </table> |                                     |                                                                                                         |                          |                                                                                                                 |                                     |                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        | Mtd | width | width | width   | width | width | width | width | width                    | width                    | width                    | Avg                      | Channel Width (m):                  | T                                   | 2.56                     | 2.10                                | 1.40                                | 1.38                                | 2.02                                | 2.11                                                                                                                                                                            |                          |  |  |  | 1.93 | Wetted Width (m): | T | 1.20 | 1.13 | 0.86 | 0.71 | 1.29 | 1.30 |  |  |  |  | 1.08 | Pool Depth (m): | MS | 0.10 | 0.15 | 0.16 | 0.10 | 0.11 | 0.14 |  |  |  |  | 0.13 | <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Gadient %</th> <th>Mtd</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Method I:</td> <td>2.0</td> <td>1.5</td> <td>AL</td> </tr> <tr> <td>Method II:</td> <td>1.0</td> <td>1.0</td> <td>AL</td> </tr> </tbody> </table> |  |  | Gadient % | Mtd | Avg | Method I: | 2.0 | 1.5 | AL | Method II: | 1.0 | 1.0 | AL |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Mtd                                 | width                                                                                                   | width                    | width                                                                                                           | width                               | width                                                                                                     | width                               | width                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | width                    | width                                                                       | width | Avg                                    |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Channel Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | T                                   | 2.56                                                                                                    | 2.10                     | 1.40                                                                                                            | 1.38                                | 2.02                                                                                                      | 2.11                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       | 1.93                                   |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Wetted Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | T                                   | 1.20                                                                                                    | 1.13                     | 0.86                                                                                                            | 0.71                                | 1.29                                                                                                      | 1.30                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       | 1.08                                   |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Pool Depth (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MS                                  | 0.10                                                                                                    | 0.15                     | 0.16                                                                                                            | 0.10                                | 0.11                                                                                                      | 0.14                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       | 0.13                                   |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Gadient %                           | Mtd                                                                                                     | Avg                      |                                                                                                                 |                                     |                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Method I:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2.0                                 | 1.5                                                                                                     | AL                       |                                                                                                                 |                                     |                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Method II:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1.0                                 | 1.0                                                                                                     | AL                       |                                                                                                                 |                                     |                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <b>Wb Depth:</b> .4 .4 .4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | <b>Avg:</b> 0.40                                                                                        |                          | <b>Method:</b> MS                                                                                               |                                     | <b>Stage:</b> L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                     | <b>No Vis.Ch.:</b> <input type="checkbox"/> <b>Intermittent:</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | <b>Dw:</b> <input type="checkbox"/> <b>Tribs.:</b> <input type="checkbox"/> |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <b>COVER</b> <span style="float: right;">Total: A</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                                                         |                          |                                                                                                                 |                                     |                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> </thead> <tbody> <tr> <td>Amount:</td> <td>T</td> <td>S</td> <td>N</td> <td>T</td> <td>T</td> <td>D</td> <td>T</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                                                                |                                     |                                                                                                         |                          |                                                                                                                 |                                     |                                                                                                           |                                     | Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SWD                      | LWD                                                                         | B     | U                                      | DP  | OV    | IV    | Amount: | T     | S     | N     | T     | T                        | D                        | T                        | Loc: P/S/O:              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <b>CROWN CLOSURE</b><br>2 21-40%<br><b>INSTREAM VEG:</b> N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input type="checkbox"/> |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SWD                                 | LWD                                                                                                     | B                        | U                                                                                                               | DP                                  | OV                                                                                                        | IV                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | T                                   | S                                                                                                       | N                        | T                                                                                                               | T                                   | D                                                                                                         | T                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Loc: P/S/O:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                       | <input checked="" type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <b>LWD:</b> F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                         |                          | <b>DIST:</b> C                                                                                                  |                                     |                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <b>LB SHP:</b> O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                         |                          |                                                                                                                 |                                     |                                                                                                           |                                     | <b>RB SHP:</b> S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <b>Texture:</b> <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                         |                          |                                                                                                                 |                                     |                                                                                                           |                                     | <b>Texture:</b> <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <b>RIP:</b> D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                         |                          |                                                                                                                 |                                     |                                                                                                           |                                     | <b>RIP:</b> D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <b>STG:</b> PS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                         |                          |                                                                                                                 |                                     |                                                                                                           |                                     | <b>STG:</b> PS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                         |                          |                                                                                                                 |                                     |                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <b>EMS:</b><br><b>Temp:</b> 10<br><b>pH:</b> 7.2<br><b>Flood Signs:</b> NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                         |                          | <b>Method:</b> T3<br><b>Method:</b> P2<br><b>Method:</b> GE                                                     |                                     |                                                                                                           |                                     | <b>Req #:</b><br><b>Cond.:</b> 60<br><b>Turb.:</b> <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                                                             |       | <b>Method:</b> S4<br><b>Method:</b> GE |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| MORPHOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                         |                          |                                                                                                                 |                                     |                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <b>Bed Material:</b> Dominant: C<br>D95: 20.0 D (cm): 5.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                         |                          | <b>Subdom:</b> G<br><b>Morph:</b> RP                                                                            |                                     |                                                                                                           |                                     | <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>O1</th> <th>B1</th> <th>B2</th> <th>B3</th> <th>D1</th> <th>D2</th> <th>D3</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                            |                          |                                                                             |       |                                        |     | O1    | B1    | B2      | B3    | D1    | D2    | D3    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| O1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | B1                                  | B2                                                                                                      | B3                       | D1                                                                                                              | D2                                  | D3                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                | <input type="checkbox"/> | <input type="checkbox"/>                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <b>Pattern:</b> SI<br><b>Islands:</b> N<br><b>Coupling:</b> DC<br><b>Confinement:</b> OC<br><b>FSZ:</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                         |                          |                                                                                                                 |                                     |                                                                                                           |                                     | <b>DISTURBANCE INDICATORS</b><br><table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>C1</th> <th>C2</th> <th>C3</th> <th>C4</th> <th>C5</th> <th>S1</th> <th>S2</th> <th>S3</th> <th>S4</th> <th>S5</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                          |                                                                             |       |                                        |     | C1    | C2    | C3      | C4    | C5    | S1    | S2    | S3                       | S4                       | S5                       | <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"/> |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| C1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | C2                                  | C3                                                                                                      | C4                       | C5                                                                                                              | S1                                  | S2                                                                                                        | S3                                  | S4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | S5                       |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
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| <b>Bars:</b> <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                         |                          |                                                                                                                 |                                     |                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| HABITAT QUALITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                         |                          |                                                                                                                 |                                     |                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | <b>Comments</b>                                                                                         |                          |                                                                                                                 |                                     |                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| OverWinter Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | No overwintering habitat                                                                                |                          |                                                                                                                 |                                     |                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Rearing Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | Moderate rearing habitat-low flows and shallow pool depths limit habitat quality                        |                          |                                                                                                                 |                                     |                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| Spawning Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | Moderate spawning habitat-gravels abundant, low flows, and low gradient limit suitable spawning habitat |                          |                                                                                                                 |                                     |                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| PHOTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                                                         |                          |                                                                                                                 |                                     |                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <b>Photo</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | <b>Foc Lg</b>                                                                                           |                          | <b>Dir</b>                                                                                                      |                                     | <b>Comments</b>                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| R:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10                                  | F:                                                                                                      | 4                        | STD                                                                                                             |                                     | U                                                                                                         |                                     | Upstream photo of overstream vegetation which is a major component in cover                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| R:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10                                  | F:                                                                                                      | 5                        | STD                                                                                                             |                                     | D                                                                                                         |                                     | Downstream photo of slow flowing water                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                                                         |                          |                                                                                                                 |                                     |                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |
| <b>Section</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | <b>Comments</b>                                                                                         |                          |                                                                                                                 |                                     |                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                             |       |                                        |     |       |       |         |       |       |       |       |                          |                          |                          |                          |                                     |                                     |                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                 |                          |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                             |  |  |           |     |     |           |     |     |    |            |     |     |    |



## FDIS Site Card

| Watershed Code: | 000-000000-00000-00000-0000-0000-000-000-000-000-000 | Reach #  | ILP Map # | ILP # | Site |
|-----------------|------------------------------------------------------|----------|-----------|-------|------|
| Section         |                                                      | 1.0      | 103P.020  | 11069 | 641  |
|                 |                                                      | Comments |           |       |      |

|           |                 |
|-----------|-----------------|
| SITE CARD | Fish form 30497 |
| CHANNEL   | DV Captured     |
| CHANNEL   | S3 Stream       |

# FDIS Fish Form

Watershed Code:

000-000000-00000-00000-0000-0000-000-000-000-000-000

Reach #

1.0

ILP Map #

103P.020

ILP #

11069

## WATERBODY

Gazetted Name:

Local: None

Project Code: 400-000000-00000-00000-0000-0000-000-000-000-000-0

WS Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000

Waterbody ID:

ILP Map #: 103P.020

ILP #: 11069

Reach #: 1 -

Project ID: 3476

Lake/Stream: S

Lake From Date:

Fish Permit #: 25350K

Date: 2000/08/06

To: 2000/08/06

Agency: C172

Crew: EM/JD

Resample: ☐

## SITE / METHOD

| Site# | NID Map  | NID # | UTM:Zone/East/North/Mthd | MTD/NO | Temp | Cond | Turbid | Comment |
|-------|----------|-------|--------------------------|--------|------|------|--------|---------|
| 641   | 103P.020 | 60041 |                          | EF 1   | 10   | 60   | C      |         |

## A. GEAR SETTINGS

| Site# | MTD/NO | H/P | Date In    | Time In | Date Out   | Time Out | Comment |
|-------|--------|-----|------------|---------|------------|----------|---------|
| 641   | EF 1   | 1   | 2000/08/06 | 15:51   | 2000/08/06 | 16:25    |         |

## C. ELECTROFISHER SPECIFICATIONS

| Site# | MTD/NO | H/P | Encl | Sec | Lnth | Width | Voltage | Frequency | Pulse | Make | Model          |
|-------|--------|-----|------|-----|------|-------|---------|-----------|-------|------|----------------|
| 641   | EF     | 1   | 1    | O   | 217  | 200.0 | 1.1     | 600       | 60    | 6    | SMITH ROOT 12B |

## FISH SUMMARY

| Site# | MTD/NO | H/P | Species | Stage | Age | Total # | Lgth (Min/Max) | FishAct | Comment |
|-------|--------|-----|---------|-------|-----|---------|----------------|---------|---------|
| 641   | EF     | 1   | 1       | DV    | J   | 5       | 86 129         | R       |         |

## INDIVIDUAL FISH DATA

| Site# | MTD/NO | H/P | Species | Length | Weight | Sex | Mat | Age       | Vch# | Genetic   | Roll # | Frame# | Comment |
|-------|--------|-----|---------|--------|--------|-----|-----|-----------|------|-----------|--------|--------|---------|
|       |        |     |         |        |        |     |     | Str/Smpl# |      | Str/Smpl# |        |        |         |
| 641   | EF     | 1   | 1       | DV     | 97     |     | U   | U         |      |           |        |        |         |
| 641   | EF     | 1   | 1       | DV     | 86     |     | U   | U         |      |           |        |        |         |
| 641   | EF     | 1   | 1       | DV     | 103    |     | U   | U         |      |           |        |        |         |
| 641   | EF     | 1   | 1       | DV     | 129    |     | U   | U         |      |           |        |        |         |
| 641   | EF     | 1   | 1       | DV     | 116    |     | U   | U         |      |           |        |        |         |





Site #641, Upstream photo of overstream vegetation which is a major component in cover  
Roll #10, Frame #4, Date: 2000/08/06



Site #641, Downstream photo of slow flowing water  
Roll #10, Frame #5, Date: 2000/08/06



## Stream Reach/Site Summary Report

Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000-000

| Reach # | ILP Map # | ILP # |
|---------|-----------|-------|
| 1.0     | 103P.020  | 11064 |

| STREAM REFERENCING                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
|----------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----|--------------------|------|-------|-------|----|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------|-------------|------|-----|-----|---|-----------------|------|------|-------|---|
| Gazetted Name:                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Local Name: None         |                                     |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| Watershed Code: 000-000000-00000-00000-0000-000-000-000-000-000                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ILP Map #: 103P.020      |                                     | ILP #: 11064                        |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| REACH                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| Reach #: 1.0                                                                                       |                                     | UTM(Zone/East/North): 9.558616.6114225                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Sample Type: B           |                                     |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| Length (km): 1.30                                                                                  |                                     | Gradient (%): 3.08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          | US Elev (m): 470                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          | Order: 1                            |                                     | Magnitude: 1                                                                                                                  |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| Confinement: OC                                                                                    |                                     | Coupling: DC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | Open water: A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | BGC Zone: ICH                       |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| Islands: N                                                                                         |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | Riparian Veg.: M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          | Landuse: NO                         |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| SITE                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| Site #: 642                                                                                        |                                     | GIS UTM(Zone/East/North)<br>9 : 558071 : 6113270                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | Date: 2000/08/06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          | Agency: C172                        |                                     | Crew: EM/JD                                                                                                                   |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| Site Lg (m): 100                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          | Ref. Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                     |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| CHANNEL                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Avg</th> <th>Min</th> <th>Max</th> <th>#</th> </tr> <tr> <td>Channel Width (m):</td> <td>0.48</td> <td>0.360</td> <td>0.610</td> <td>6</td> </tr> <tr> <td>Wetted Width (m):</td> <td>0.37</td> <td>0.24</td> <td>0.460</td> <td>6</td> </tr> <tr> <td>Wb Depth (m):</td> <td>0.23</td> <td>0.2</td> <td>0.3</td> <td>3</td> </tr> </table>                                                                                     |                          |                                     | Avg                                 | Min                                                                                                                           | Max                      | #   | Channel Width (m): | 0.48 | 0.360 | 0.610 | 6  | Wetted Width (m): | 0.37                     | 0.24                     | 0.460                    | 6                        | Wb Depth (m):            | 0.23                     | 0.2                      | 0.3                      | 3                                   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Avg %</th> <th>Min %</th> <th>Max %</th> <th>#</th> </tr> <tr> <td>Gradient %:</td> <td>1.00</td> <td>1.5</td> <td>1.5</td> <td>4</td> </tr> <tr> <td>Pool Depth (m):</td> <td>0.07</td> <td>0.03</td> <td>0.100</td> <td>6</td> </tr> </table> |                          |                                     | Avg %                    | Min %                               | Max %                               | #                             | Gradient %: | 1.00 | 1.5 | 1.5 | 4 | Pool Depth (m): | 0.07 | 0.03 | 0.100 | 6 |
|                                                                                                    | Avg                                 | Min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Max                      | #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                     |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| Channel Width (m):                                                                                 | 0.48                                | 0.360                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0.610                    | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                     |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| Wetted Width (m):                                                                                  | 0.37                                | 0.24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0.460                    | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                     |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| Wb Depth (m):                                                                                      | 0.23                                | 0.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0.3                      | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                     |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
|                                                                                                    | Avg %                               | Min %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Max %                    | #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                     |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| Gradient %:                                                                                        | 1.00                                | 1.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1.5                      | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                     |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| Pool Depth (m):                                                                                    | 0.07                                | 0.03                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0.100                    | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                     |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                     | Temp (C): 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | pH: 7.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | Cond.: 50                           |                                     | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| MORPHOLOGY                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| Bed Material: Dominant: F                                                                          |                                     | Subdom: G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                       |                          |                                     |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| D95: 10.00                                                                                         |                                     | D (cm): 2.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | <table style="width:100%;"> <tr> <td>O1</td><td>B1</td><td>B2</td><td>B3</td><td>D1</td><td>D2</td><td>D3</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>                                                                                                                                     |                          |                                     |                                     |                                                                                                                               |                          | O1  | B1                 | B2   | B3    | D1    | D2 | D3                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| O1                                                                                                 | B1                                  | B2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | B3                       | D1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | D2                       | D3                                  |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
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| Pattern: SI                                                                                        |                                     | Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | <table style="width:100%;"> <tr> <td>C1</td><td>C2</td><td>C3</td><td>C4</td><td>C5</td><td>S1</td><td>S2</td><td>S3</td><td>S4</td><td>S5</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |                          |                                     |                                     |                                                                                                                               |                          | C1  | C2                 | C3   | C4    | C5    | S1 | S2                | S3                       | S4                       | S5                       | <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"/> |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| C1                                                                                                 | C2                                  | C3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | C4                       | C5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S1                       | S2                                  | S3                                  | S4                                                                                                                            | S5                       |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| <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"/> |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| Coupling: DC                                                                                       |                                     | Confinement: UN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          | DISTURBANCE INDICATORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                     |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| Morph: RP                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| COVER                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| Total: A                                                                                           |                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Type:</td> <td>SWD</td> <td>LWD</td> <td>B</td> <td>U</td> <td>DP</td> <td>OV</td> <td>IV</td> </tr> <tr> <td>Amount:</td> <td>T</td> <td>S</td> <td>N</td> <td>S</td> <td>N</td> <td>D</td> <td>T</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td> </tr> </table> |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                                     | Type:                                                                                                                         | SWD                      | LWD | B                  | U    | DP    | OV    | IV | Amount:           | T                        | S                        | N                        | S                        | N                        | D                        | T                        | Loc: P/S/O:              | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | FSZ: <input type="checkbox"/> |             |      |     |     |   |                 |      |      |       |   |
| Type:                                                                                              | SWD                                 | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | B                        | U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DP                       | OV                                  | IV                                  |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| Amount:                                                                                            | T                                   | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | N                        | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | N                        | D                                   | T                                   |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| Loc: P/S/O:                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| LWD: F                                                                                             |                                     | DIST: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | INSTREAM VEG: N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                                     | CROWN CLOSURE<br>2 21-40%                                                                                                     |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| RB SHP: O                                                                                          |                                     | Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | RIP: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | STG: MF                             |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| LB SHP: O                                                                                          |                                     | Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | RIP: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | STG: MF                             |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| FISH                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                                     |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| Site Number                                                                                        | Capture Method                      | Number of Events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total Length (m)         | Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Voltage                  | Species                             | Total Fish                          | Minimum Length (mm)                                                                                                           | Maximum Length (mm)      |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |
| 642                                                                                                | EF                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 100                      | 139 sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 600                      | NFC                                 | 0                                   |                                                                                                                               |                          |     |                    |      |       |       |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                                     |                               |             |      |     |     |   |                 |      |      |       |   |



# FDIS Site Card

Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000-000 Reach # 1.0 ILP Map # 103P.020 ILP # 11064 Site 642

| PROJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------|------------|-----|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|---------------------------|--|--|--|--|------|-------------------|----|------|------|------|------|------|------|--|--|--|--|------|-----------------|----|------|------|------|------|------|------|--|--|--|--|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-----------|-----|-----|-----------|---------|----|------|------------|---------|----|--|
| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Project Code: 3476                                                                                                            |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Project Watershed Code: 400-000000-00000-00000-0000-0000-000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| WATERSHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Gazetted Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Local Name: None                                                                                                              |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| ILP Map#: 103P.020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | ILP #: 11064                                                                   |                          | NID Map #: 103P.020                 |                          | NID #: 60042                                                                                       |                                     | Reach #: 1.0                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Site #: 642                                                                                                                   |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Field UTM(Zone/East/North/Method)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                |                          | GIS UTM(Zone/East/North)            |                          |                                                                                                    |                                     | Site Lg: 100                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Method: HC                                                                                                                    |       | Access: V2 |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| 9 558071                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                |                          | 6113270                             |                          |                                                                                                    |                                     | Ref. Name:                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Date: 2000/08/06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | Time: 16:30                                                                    |                          | Agency: C172                        |                          | Crew: EM/JD                                                                                        |                                     | Fish Crd?: <input checked="" type="checkbox"/>                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Incomplete: <input type="checkbox"/>                                                                                          |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| CHANNEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Mtd</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Channel Width (m):</td> <td>MS</td> <td>0.61</td> <td>0.48</td> <td>0.50</td> <td>0.36</td> <td>0.42</td> <td>0.51</td> <td></td> <td></td> <td></td> <td></td> <td>0.48</td> </tr> <tr> <td>Wetted Width (m):</td> <td>MS</td> <td>0.24</td> <td>0.40</td> <td>0.42</td> <td>0.28</td> <td>0.40</td> <td>0.46</td> <td></td> <td></td> <td></td> <td></td> <td>0.37</td> </tr> <tr> <td>Pool Depth (m):</td> <td>MS</td> <td>0.03</td> <td>0.04</td> <td>0.10</td> <td>0.10</td> <td>0.07</td> <td>0.06</td> <td></td> <td></td> <td></td> <td></td> <td>0.07</td> </tr> </tbody> </table> |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            | Mtd | width | width                    | width                    | width                    | width                    | width                    | width                    | width                    | width                    | width                    | Avg                      | Channel Width (m):                  | MS                                  | 0.61                     | 0.48                                | 0.50                     | 0.36                                | 0.42                                | 0.51                      |  |  |  |  | 0.48 | Wetted Width (m): | MS | 0.24 | 0.40 | 0.42 | 0.28 | 0.40 | 0.46 |  |  |  |  | 0.37 | Pool Depth (m): | MS | 0.03 | 0.04 | 0.10 | 0.10 | 0.07 | 0.06 |  |  |  |  | 0.07 | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Gadient %</th> <th>Mtd</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Method I:</td> <td>1.0 1.5</td> <td>AL</td> <td>1.00</td> </tr> <tr> <td>Method II:</td> <td>0.5 1.0</td> <td>AL</td> <td></td> </tr> </tbody> </table> |  |  |  | Gadient % | Mtd | Avg | Method I: | 1.0 1.5 | AL | 1.00 | Method II: | 0.5 1.0 | AL |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Mtd                                 | width                                                                          | width                    | width                               | width                    | width                                                                                              | width                               | width                                                                                                                                                                                 | width                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | width                                                                                                                         | width | Avg        |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Channel Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MS                                  | 0.61                                                                           | 0.48                     | 0.50                                | 0.36                     | 0.42                                                                                               | 0.51                                |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       | 0.48       |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Wetted Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MS                                  | 0.24                                                                           | 0.40                     | 0.42                                | 0.28                     | 0.40                                                                                               | 0.46                                |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       | 0.37       |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Pool Depth (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MS                                  | 0.03                                                                           | 0.04                     | 0.10                                | 0.10                     | 0.07                                                                                               | 0.06                                |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       | 0.07       |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Gadient %                           | Mtd                                                                            | Avg                      |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Method I:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1.0 1.5                             | AL                                                                             | 1.00                     |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Method II:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0.5 1.0                             | AL                                                                             |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Wb Depth: .3 .2 .2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | Avg: 0.23                                                                      |                          | Method: MS                          |                          | Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                     | No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                                                 |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| COVER Total: A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> </thead> <tbody> <tr> <td>Amount:</td> <td>T</td> <td>S</td> <td>N</td> <td>S</td> <td>N</td> <td>D</td> <td>T</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                                                                             |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     | Type:                                                                                                                                                                                 | SWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LWD                                                                                                                           | B     | U          | DP  | OV    | IV                       | Amount:                  | T                        | S                        | N                        | S                        | N                        | D                        | T                        | Loc: P/S/O:              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | CROWN CLOSURE<br>2 21-40% |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SWD                                 | LWD                                                                            | B                        | U                                   | DP                       | OV                                                                                                 | IV                                  |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | T                                   | S                                                                              | N                        | S                                   | N                        | D                                                                                                  | T                                   |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Loc: P/S/O:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                | <input checked="" type="checkbox"/> |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| LWD: F DIST: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     | INSTREAM VEG: N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input checked="" type="checkbox"/>                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| LB SHP: O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     | RB SHP: O                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     | Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| RIP: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     | RIP: C                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| STG: MF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     | STG: MF                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| EMS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                                |                          |                                     | Req #:                   |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Temp: 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                |                          |                                     | Method: T3               |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Cond.: 50                                                                                                                     |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| pH: 7.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                |                          |                                     | Method: P2               |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Flood Signs: NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                |                          |                                     | Method: GE               |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Method: S4                                                                                                                    |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Method: GE                                                                                                                    |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| MORPHOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Bed Material:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                | Dominant: F              |                                     |                          | Subdom: G                                                                                          |                                     |                                                                                                                                                                                       | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| D95: 10.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                | D (cm): 2.00             |                                     |                          | Morph: RP                                                                                          |                                     |                                                                                                                                                                                       | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>                                                                                                                                         |                                                                                                                               |       |            |     |       | <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"/>                                                                           |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Pattern: SI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                |                          |                                     |                          | DISTURBANCE INDICATORS                                                                             |                                     |                                                                                                                                                                                       | C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> |                                                                                                                               |       |            |     |       | <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"/>                                                                                                      |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Coupling: DC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Confinement: UN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| FSZ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                              |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| HABITAT QUALITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | Comments                                                                       |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| OverWinter Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | No overwintering habitat                                                       |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Spawning Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | Poor spawning habitat-low flows, lack of suitable habitat, gravels compact     |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Rearing Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | Poor rearing habitat-low flows, ephemeral, standing water, shallow pool depths |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| PHOTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Photo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | Foc Lg                                                                         |                          | Dir                                 |                          | Comments                                                                                           |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| R:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10                                  | F:                                                                             | 6                        | STD                                 |                          | U                                                                                                  |                                     | Upstream photo of a corner pool                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| R:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10                                  | F:                                                                             | 7                        | STD                                 |                          | D                                                                                                  |                                     | Downstream photo of overstream vegetation                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | Comments                                                                       |                          |                                     |                          |                                                                                                    |                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               |       |            |     |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                          |                                     |                          |                                     |                                     |                           |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |

## FDIS Site Card

| Watershed Code: | 000-000000-00000-00000-0000-0000-000-000-000-000-000 | Reach # | ILP Map # | ILP # | Site |
|-----------------|------------------------------------------------------|---------|-----------|-------|------|
|                 |                                                      | 1.0     | 103P.020  | 11064 | 642  |
| Section         | Comments                                             |         |           |       |      |

|           |                                                                  |
|-----------|------------------------------------------------------------------|
| SITE CARD | Fish form 30559                                                  |
| CHANNEL   | Possible access to this reach from downstream fish bearing water |
| CHANNEL   | S4* Stream                                                       |



## FDIS Fish Form

Watershed Code:

000-000000-00000-00000-0000-0000-000-000-000-000-000-000

Reach #

1.0

ILP Map #

103P.020

ILP #

11064

| WATERBODY                                                        |          |       |                          |                     |         |                  |          |                 |           |              |               |             |  |                                    |  |
|------------------------------------------------------------------|----------|-------|--------------------------|---------------------|---------|------------------|----------|-----------------|-----------|--------------|---------------|-------------|--|------------------------------------|--|
| Gazetted Name:                                                   |          |       |                          |                     |         |                  |          |                 |           | Local: None  |               |             |  |                                    |  |
| Project Code: 400-000000-00000-00000-0000-0000-000-000-000-000-0 |          |       |                          |                     |         |                  |          |                 |           |              |               |             |  |                                    |  |
| WS Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000    |          |       |                          |                     |         |                  |          |                 |           |              |               |             |  |                                    |  |
| Waterbody ID:                                                    |          |       |                          | ILP Map #: 103P.020 |         |                  |          | ILP #:          |           | 11064        |               | Reach #:    |  | 1 -                                |  |
| Project ID: 3476                                                 |          |       |                          | Lake/Stream: S      |         |                  |          | Lake From Date: |           |              |               |             |  |                                    |  |
| Fish Permit #:                                                   |          |       |                          | 25350K              |         | Date: 2000/08/06 |          | To: 2000/08/06  |           | Agency: C172 |               | Crew: EM/JD |  | Resample: <input type="checkbox"/> |  |
| SITE / METHOD                                                    |          |       |                          |                     |         |                  |          |                 |           |              |               |             |  |                                    |  |
| Site#                                                            | NID Map  | NID # | UTM:Zone/East/North/Mthd |                     |         |                  | MTD/NO   |                 | Temp      | Cond         | Turbid        | Comment     |  |                                    |  |
| 642                                                              | 103P.020 | 60042 |                          |                     |         |                  | EF       | 1               | 12        | 50           | C             |             |  |                                    |  |
| A. GEAR SETTINGS                                                 |          |       |                          |                     |         |                  |          |                 |           |              |               |             |  |                                    |  |
| Site#                                                            | MTD/NO   |       | H/P                      | Date In             | Time In | Date Out         | Time Out | Comment         |           |              |               |             |  |                                    |  |
| 642                                                              | EF       | 1     | 1                        | 2000/08/06          | 16:30   | 2000/08/06       | 17:00    |                 |           |              |               |             |  |                                    |  |
| C. ELECTROFISHER SPECIFICATIONS                                  |          |       |                          |                     |         |                  |          |                 |           |              |               |             |  |                                    |  |
| Site#                                                            | MTD/NO   |       | H/P                      | Encl                | Sec     | Lnth             | Wdth     | Voltage         | Frequency | Pulse        | Make          | Model       |  |                                    |  |
| 642                                                              | EF       | 1     | 1                        | O                   | 139     | 100.0            | 0.3      | 600             | 60        | 6            | SMITH<br>ROOT | 12B         |  |                                    |  |
| FISH SUMMARY                                                     |          |       |                          |                     |         |                  |          |                 |           |              |               |             |  |                                    |  |
| Site#                                                            | MTD/NO   |       | H/P                      | Species             | Stage   | Age              | Total #  | Lgth (Min/Max)  | FishAct   | Comment      |               |             |  |                                    |  |
| 642                                                              | EF       | 1     | 1                        | NFC                 |         |                  | 0        |                 |           |              |               |             |  |                                    |  |



Site #642, Downstream photo of overstream vegetation  
Roll #10, Frame #7, Date: 2000/08/06



Site #642, Upstream photo of a corner pool  
Roll #10, Frame #6, Date: 2000/08/06



## Stream Reach/Site Summary Report

| Reach # | JLP Map # | ILP # |
|---------|-----------|-------|
|---------|-----------|-------|

**Watershed Code:** 400-362300-49200-00000-0000-0000-000-000-000-000-000

1.0

| STREAM REFERENCING                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
|----------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|---------------|------|-----|-----|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------|---|------------|------|---|---|---|-----------------|------|------|------|---|
| Gazetted Name:                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Local Name: None                    |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Watershed Code: 400-362300-49200-00000-0000-0000-000-000-000-000-000                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ILP Map #:                          |                          | ILP #:                              |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| REACH                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Reach #: 1.0                                                                                       |                                     | UTM(Zone/East/North): 9.558462.6112659                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sample Type: B                      |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Length (km): .62                                                                                   |                                     | Gradient (%): 4.03                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | US Elev (m): 443                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | Order: 1                 |                                     | Magnitude: 1                                                                                                                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Confinement: OC                                                                                    |                                     | Coupling: DC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | Open water: A                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | BGC Zone: ICH            |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Islands: N                                                                                         |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | Riparian Veg.: M                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | Landuse: FR              |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| SITE                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Site #: 643                                                                                        |                                     | GIS UTM(Zone/East/North)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | Date: 2000/08/06                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | Agency: C172             |                                     | Crew: EM/JD                                                                                                                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Site Lg (m): 200                                                                                   |                                     | 9 558124 6112746                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | Ref. Name:               |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| CHANNEL                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Avg</th> <th>Min</th> <th>Max</th> <th>#</th> </tr> </thead> <tbody> <tr> <td>Channel Width (m):</td> <td>1.41</td> <td>1.210</td> <td>1.610</td> <td>6</td> </tr> <tr> <td>Wetted Width (m):</td> <td>0.58</td> <td>0.29</td> <td>1</td> <td>6</td> </tr> <tr> <td>Wb Depth (m):</td> <td>0.40</td> <td>0.4</td> <td>0.4</td> <td>3</td> </tr> </tbody> </table> |                                     |                          | Avg                                 | Min                                                                                                                           | Max                      | #                        | Channel Width (m):       | 1.41                     | 1.210                    | 1.610                    | 6                        | Wetted Width (m):        | 0.58                     | 0.29                     | 1                        | 6 | Wb Depth (m): | 0.40 | 0.4 | 0.4 | 3           | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Avg %</th> <th>Min %</th> <th>Max %</th> <th>#</th> </tr> </thead> <tbody> <tr> <td>Gadient %:</td> <td>3.50</td> <td>5</td> <td>5</td> <td>4</td> </tr> <tr> <td>Pool Depth (m):</td> <td>0.09</td> <td>0.06</td> <td>0.13</td> <td>6</td> </tr> </tbody> </table> |                          |                                     |                          |                                     | Avg %                    | Min %                               | Max %                         | # | Gadient %: | 3.50 | 5 | 5 | 4 | Pool Depth (m): | 0.09 | 0.06 | 0.13 | 6 |
|                                                                                                    | Avg                                 | Min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Max                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | #                        |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Channel Width (m):                                                                                 | 1.41                                | 1.210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1.610                               | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Wetted Width (m):                                                                                  | 0.58                                | 0.29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1                                   | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Wb Depth (m):                                                                                      | 0.40                                | 0.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0.4                                 | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
|                                                                                                    | Avg %                               | Min %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Max %                               | #                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Gadient %:                                                                                         | 3.50                                | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5                                   | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Pool Depth (m):                                                                                    | 0.09                                | 0.06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0.13                                | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                     | Temp (C): 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | pH: 7.1                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | Cond.: 60                |                                     | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| MORPHOLOGY                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Bed Material: Dominant: B                                                                          |                                     | Subdom: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                 |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| D95: 45.00                                                                                         |                                     | D (cm): 5.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Pattern: SI                                                                                        |                                     | Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>                               |                                     |                          |                                     |                                                                                                                               |                          | <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"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Coupling: PC                                                                                       |                                     | Confinement: FC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | DISTURBANCE INDICATORS                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Morph: RP                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>                               |                                     |                          |                                     |                                                                                                                               |                          | <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"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| COVER                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Total: A                                                                                           |                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> </thead> <tbody> <tr> <td>Amount:</td> <td>T</td> <td>S</td> <td>D</td> <td>S</td> <td>N</td> <td>T</td> <td>T</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td> </tr> </tbody> </table> |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                                     |                                                                                                                               | Type:                    | SWD                      | LWD                      | B                        | U                        | DP                       | OV                       | IV                       | Amount:                  | T                        | S                        | D | S             | N    | T   | T   | Loc: P/S/O: | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | FSZ: <input type="checkbox"/> |   |            |      |   |   |   |                 |      |      |      |   |
| Type:                                                                                              | SWD                                 | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | B                                   | U                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DP                                  | OV                       | IV                                  |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Amount:                                                                                            | T                                   | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | D                                   | S                                                                                                                                                                                                                                                                                                                                                                                                                                                              | N                                   | T                        | T                                   |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Loc: P/S/O:                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| LWD: F                                                                                             |                                     | DIST: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | INSTREAM VEG: N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                     | CROWN CLOSURE                                                                                                                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| RB SHP: V                                                                                          |                                     | Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | RIP: C                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | STG: YF                  |                                     | 2 21-40%                                                                                                                      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| LB SHP: O                                                                                          |                                     | Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | RIP: C                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | STG: YF                  |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| FISH                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| Site Number                                                                                        | Capture Method                      | Number of Events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Total Length (m)                    | Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Voltage                             | Species                  | Total Fish                          | Minimum Length (mm)                                                                                                           | Maximum Length (mm)      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |
| 643                                                                                                | EF                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 100                                 | 210 sec                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 600                                 | DV                       | 4                                   | 75                                                                                                                            | 110                      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |   |   |   |                 |      |      |      |   |

# FDIS Site Card

**Watershed Code:** 400-362300-49200-00000-00000-00000-000-000-000-000-000-000

| Reach # | ILP Map # | ILP # | Site |
|---------|-----------|-------|------|
| 1.0     |           |       | 643  |

| PROJECT                                                                                                                                                                               |                                                                                       |                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------|--------------------------|--------------------------------------|--|
| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                |                                                                                       |                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    | Project Code: 3476                                                                                                            |                          |                                                |                          |                                      |  |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                      |                                                                                       |                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| Project Watershed Code: 400-000000-00000-00000-0000-0000-000-000-000-000-000                                                                                                          |                                                                                       |                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| WATERSHED                                                                                                                                                                             |                                                                                       |                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| Gazetted Name:                                                                                                                                                                        |                                                                                       |                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    | Local Name: None                                                                                                              |                          |                                                |                          |                                      |  |
| Watershed Code: 400-362300-49200-00000-00000-0000-000-000-000-000-000                                                                                                                 |                                                                                       |                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| ILP Map#:                                                                                                                                                                             |                                                                                       | ILP #:                                                                                                                                                                                |                                                                                       | NID Map #: 103P.020                                                                   |                                                                            | NID #: 60043                                                                          |                                                                                       | Reach #: 1.0                                                                                                                                                                                   |                                                                                                    | Site #: 643                                                                                                                   |                          |                                                |                          |                                      |  |
| Field UTM (Zone/East/North/Method)                                                                                                                                                    |                                                                                       |                                                                                                                                                                                       |                                                                                       | GIS UTM (Zone/East/North)                                                             |                                                                            |                                                                                       |                                                                                       | Site Lg: 200                                                                                                                                                                                   |                                                                                                    | Method: HC                                                                                                                    |                          | Access: V2                                     |                          |                                      |  |
|                                                                                                                                                                                       |                                                                                       |                                                                                                                                                                                       |                                                                                       | 9    558124    6112746                                                                |                                                                            |                                                                                       |                                                                                       | Ref. Name:                                                                                                                                                                                     |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| Date: 2000/08/06                                                                                                                                                                      |                                                                                       |                                                                                                                                                                                       | Time: 17:10                                                                           |                                                                                       |                                                                            | Agency: C172                                                                          |                                                                                       |                                                                                                                                                                                                | Crew: EM/JD                                                                                        |                                                                                                                               |                          | Fish Crd?: <input checked="" type="checkbox"/> |                          | Incomplete: <input type="checkbox"/> |  |
| CHANNEL                                                                                                                                                                               |                                                                                       |                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
|                                                                                                                                                                                       | Mtd                                                                                   | width                                                                                                                                                                                 | width                                                                                 | width                                                                                 | width                                                                      | width                                                                                 | width                                                                                 | width                                                                                                                                                                                          | width                                                                                              | width                                                                                                                         | width                    | Avg                                            |                          |                                      |  |
| Channel Width (m):                                                                                                                                                                    | MS                                                                                    | 1.46                                                                                                                                                                                  | 1.61                                                                                  | 1.21                                                                                  | 1.26                                                                       | 1.42                                                                                  | 1.51                                                                                  |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          | 1.41                                           |                          |                                      |  |
| Wetted Width (m):                                                                                                                                                                     | MS                                                                                    | 1.00                                                                                                                                                                                  | 0.61                                                                                  | 0.29                                                                                  | 0.72                                                                       | 0.39                                                                                  | 0.46                                                                                  |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          | 0.58                                           |                          |                                      |  |
| Pool Depth (m):                                                                                                                                                                       | MS                                                                                    | 0.10                                                                                                                                                                                  | 0.09                                                                                  | 0.13                                                                                  | 0.08                                                                       | 0.06                                                                                  | 0.07                                                                                  |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          | 0.09                                           |                          |                                      |  |
| Wb Depth:                                                                                                                                                                             |                                                                                       | .4                                                                                                                                                                                    | .4                                                                                    | .4                                                                                    | Avg: 0.40                                                                  |                                                                                       | Method: MS                                                                            |                                                                                                                                                                                                | Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                                                                                                               |                          |                                                |                          |                                      |  |
| COVER Total: A                                                                                                                                                                        |                                                                                       |                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| Type:                                                                                                                                                                                 | SWD                                                                                   | LWD                                                                                                                                                                                   | B                                                                                     | U                                                                                     | DP                                                                         | OV                                                                                    | IV                                                                                    | CROWN CLOSURE                                                                                                                                                                                  |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| Amount:                                                                                                                                                                               | T                                                                                     | S                                                                                                                                                                                     | D                                                                                     | S                                                                                     | N                                                                          | T                                                                                     | T                                                                                     | 2    21-40%                                                                                                                                                                                    |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| Loc: P/S/O:                                                                                                                                                                           | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                 | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | INSTREAM VEG: N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input type="checkbox"/>                                                           |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| LWD: F                                                                                                                                                                                |                                                                                       | DIST: C                                                                                                                                                                               |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| LB SHP: O                                                                                                                                                                             |                                                                                       | RB SHP: V                                                                                                                                                                             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                                                                                       | Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| RIP: C                                                                                                                                                                                |                                                                                       | RIP: C                                                                                                                                                                                |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| STG: YF                                                                                                                                                                               |                                                                                       | STG: YF                                                                                                                                                                               |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| WATER                                                                                                                                                                                 |                                                                                       |                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| EMS:                                                                                                                                                                                  |                                                                                       |                                                                                                                                                                                       |                                                                                       |                                                                                       | Req #:                                                                     |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| Temp: 12                                                                                                                                                                              |                                                                                       |                                                                                                                                                                                       |                                                                                       |                                                                                       | Method: T3                                                                 |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    | Cond.: 60                                                                                                                     |                          |                                                |                          |                                      |  |
| pH: 7.1                                                                                                                                                                               |                                                                                       |                                                                                                                                                                                       |                                                                                       |                                                                                       | Method: P2                                                                 |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                          |                                                |                          |                                      |  |
| Flood Signs: NONE                                                                                                                                                                     |                                                                                       |                                                                                                                                                                                       |                                                                                       |                                                                                       | Method: GE                                                                 |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    | Method: S4                                                                                                                    |                          |                                                |                          |                                      |  |
|                                                                                                                                                                                       |                                                                                       |                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    | Method: GE                                                                                                                    |                          |                                                |                          |                                      |  |
| MORPHOLOGY                                                                                                                                                                            |                                                                                       |                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| Bed Material:                                                                                                                                                                         |                                                                                       | Dominant: B                                                                                                                                                                           |                                                                                       | Subdom: C                                                                             |                                                                            | Disturbance Indicators                                                                |                                                                                       | O1                                                                                                                                                                                             | B1                                                                                                 | B2                                                                                                                            | B3                       | D1                                             | D2                       | D3                                   |  |
| D95: 45.0                                                                                                                                                                             |                                                                                       | D (cm): 5.00                                                                                                                                                                          |                                                                                       | Morph: RP                                                                             |                                                                            |                                                                                       |                                                                                       | <input type="checkbox"/>                                                                                                                                                                       | <input type="checkbox"/>                                                                           | <input type="checkbox"/>                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>             |  |
| Pattern: SI                                                                                                                                                                           |                                                                                       |                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       | C1                                                                                                                                                                                             | C2                                                                                                 | C3                                                                                                                            | C4                       | C5                                             | S1                       | S2                                   |  |
| Islands: N                                                                                                                                                                            |                                                                                       |                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       | <input type="checkbox"/>                                                                                                                                                                       | <input type="checkbox"/>                                                                           | <input type="checkbox"/>                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>             |  |
| Coupling: PC                                                                                                                                                                          |                                                                                       |                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       | <input type="checkbox"/>                                                                                                                                                                       | <input type="checkbox"/>                                                                           | <input type="checkbox"/>                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>             |  |
| Confinement: FC                                                                                                                                                                       |                                                                                       |                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       | <input type="checkbox"/>                                                                                                                                                                       | <input type="checkbox"/>                                                                           | <input type="checkbox"/>                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>             |  |
| FSZ <input type="checkbox"/>                                                                                                                                                          |                                                                                       |                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| HABITAT QUALITY                                                                                                                                                                       |                                                                                       |                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| Name                                                                                                                                                                                  |                                                                                       | Comments                                                                                                                                                                              |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| OverWinter Habitat                                                                                                                                                                    |                                                                                       | No overwintering habitat observed                                                                                                                                                     |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| Spawning Habitat                                                                                                                                                                      |                                                                                       | Poor spawning habitat-substrates too large, limited by low flows                                                                                                                      |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| Rearing Habitat                                                                                                                                                                       |                                                                                       | Moderate rearing habitat-limited by low flows. Abundant cover present                                                                                                                 |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| PHOTOS                                                                                                                                                                                |                                                                                       |                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| Photo                                                                                                                                                                                 |                                                                                       | Foc Lg                                                                                                                                                                                | Dir                                                                                   | Comments                                                                              |                                                                            |                                                                                       |                                                                                       |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| R:                                                                                                                                                                                    | 10                                                                                    | F:                                                                                                                                                                                    | 10                                                                                    | STD                                                                                   | D                                                                          | Downstream photo of low flows                                                         |                                                                                       |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| R:                                                                                                                                                                                    | 10                                                                                    | F:                                                                                                                                                                                    | 8                                                                                     | STD                                                                                   | U                                                                          | Upstream photo of a boulder filled channel                                            |                                                                                       |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |
| R:                                                                                                                                                                                    | 10                                                                                    | F:                                                                                                                                                                                    | 9                                                                                     | STD                                                                                   | D                                                                          | Downstream photo of low flows                                                         |                                                                                       |                                                                                                                                                                                                |                                                                                                    |                                                                                                                               |                          |                                                |                          |                                      |  |



## FDIS Site Card

|                                                                       | Reach # | ILP Map # | ILP # | Site |
|-----------------------------------------------------------------------|---------|-----------|-------|------|
| Watershed Code: 400-362300-49200-00000-00000-0000-000-000-000-000-000 | 1.0     |           |       | 643  |

| COMMENTS  |                 |
|-----------|-----------------|
| Section   | Comments        |
| SITE CARD | Fish form 30547 |
| CHANNEL   | DV captured     |
| CHANNEL   | S4 Stream       |

# FDIS Fish Form

Reach #      ILP Map #      ILP #

Watershed Code:      400-362300-49200-00000-0000-0000-000-000-000-000-000

1.0

| WATERBODY                                                     |          |       |                          |                  |                |            |         |                |              |                 |         |               |     |                                    |        |         |
|---------------------------------------------------------------|----------|-------|--------------------------|------------------|----------------|------------|---------|----------------|--------------|-----------------|---------|---------------|-----|------------------------------------|--------|---------|
| Gazetted Name:                                                |          |       |                          |                  |                |            |         |                |              | Local: None     |         |               |     |                                    |        |         |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-0   |          |       |                          |                  |                |            |         |                |              |                 |         |               |     |                                    |        |         |
| WS Code: 400-362300-49200-00000-0000-0000-000-000-000-000-000 |          |       |                          |                  |                |            |         |                |              |                 |         |               |     |                                    |        |         |
| Waterbody ID:                                                 |          |       |                          |                  | ILP Map #:     |            |         |                |              | ILP #:          |         | Reach #: 1 -  |     |                                    |        |         |
| Project ID: 3476                                              |          |       |                          |                  | Lake/Stream: S |            |         |                |              | Lake From Date: |         |               |     |                                    |        |         |
| Fish Permit #: 25350K                                         |          |       |                          | Date: 2000/08/06 |                |            |         | To: 2000/08/06 |              | Agency: C172    |         | Crew: EM/JD   |     | Resample: <input type="checkbox"/> |        |         |
| SITE / METHOD                                                 |          |       |                          |                  |                |            |         |                |              |                 |         |               |     |                                    |        |         |
| Site#                                                         | NID Map  | NID # | UTM:Zone/East/North/Mthd |                  |                |            | MTD/NO  |                | Temp         | Cond            | Turbid  | Comment       |     |                                    |        |         |
| 643                                                           | 103P.020 | 60043 |                          |                  |                |            | EF      | 1              | 12           | 60              | C       |               |     |                                    |        |         |
| A. GEAR SETTINGS                                              |          |       |                          |                  |                |            |         |                |              |                 |         |               |     |                                    |        |         |
| Site#                                                         | MTD/NO   | H/P   | Date In                  | Time In          | Date Out       | Time Out   | Comment |                |              |                 |         |               |     |                                    |        |         |
| 643                                                           | EF       | 1     | 1                        | 2000/08/06       | 17:10          | 2000/08/06 | 17:40   |                |              |                 |         |               |     |                                    |        |         |
| C. ELECTROFISHER SPECIFICATIONS                               |          |       |                          |                  |                |            |         |                |              |                 |         |               |     |                                    |        |         |
| Site#                                                         | MTD/NO   |       | H/P                      | Encl             | Sec            | Lnth       | Width   | Voltage        | Frequency    | Pulse           | Make    | Model         |     |                                    |        |         |
| 643                                                           | EF       |       | 1                        | 1                | O              | 210        | 100.0   | 1.0            | 600          | 60              | 6       | SMITH<br>ROOT | 12B |                                    |        |         |
| FISH SUMMARY                                                  |          |       |                          |                  |                |            |         |                |              |                 |         |               |     |                                    |        |         |
| Site#                                                         | MTD/NO   |       | H/P                      | Species          | Stage          | Age        | Total # | Lgth (Min/Max) |              | FishAct         | Comment |               |     |                                    |        |         |
| 643                                                           | EF       |       | 1                        | 1                | DV             | J          |         | 4              | 75           | 110             | R       |               |     |                                    |        |         |
| INDIVIDUAL FISH DATA                                          |          |       |                          |                  |                |            |         |                |              |                 |         |               |     |                                    |        |         |
| Site#                                                         | MTD/NO   |       | H/P                      | Species          | Length         | Weight     | Sex     | Mat            | Age          |                 | Vch#    | Genetic       |     | Roll #                             | Frame# | Comment |
|                                                               |          |       |                          |                  |                |            |         |                | Str/Smpl#Age |                 |         | Str/Smpl#     |     |                                    |        |         |
| 643                                                           | EF       | 1     | 1                        | DV               | 75             |            | U       | U              |              |                 |         |               |     |                                    |        |         |
| 643                                                           | EF       | 1     | 1                        | DV               | 110            |            | U       | U              |              |                 |         |               |     |                                    |        |         |
| 643                                                           | EF       | 1     | 1                        | DV               | 86             |            | U       | U              |              |                 |         |               |     |                                    |        |         |
| 643                                                           | EF       | 1     | 1                        | DV               | 95             |            | U       | U              |              |                 |         |               |     |                                    |        |         |





Site #643, Downstream photo of low flows  
Roll #10, Frame #9, Date: 2000/08/06



Site #643, Downstream photo of low flows  
Roll #10, Frame #10, Date: 2000/08/06



Site #643, Upstream photo of a boulder filled channel  
Roll #10, Frame #8, Date: 2000/08/06



# Stream Reach/Site Summary Report

Reach #    ILP Map #    ILP #

Watershed Code: 400-362300-25100-00000-0000-0000-000-000-000-000

1.0

| STREAM REFERENCING                                                                                 |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |         |                                     |                  |                                                                                                                               |                              |                                     |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
|----------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------|---------|-------------------------------------|--|--------------------------|--|-------------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|
| Gazetted Name:                                                                                     |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |         |                                     | Local Name: None |                                                                                                                               |                              |                                     |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| Watershed Code: 400-362300-25100-00000-0000-0000-000-000-000-000                                   |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |         |                                     | ILP Map #:       |                                                                                                                               |                              | ILP #:                              |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| REACH                                                                                              |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |         |                                     |                  |                                                                                                                               |                              |                                     |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| Reach #:                                                                                           |                | 1.0                                                                                                                                                                                            |                  | UTM(Zone/East/North): 9.556266.6110553                                                                                                                                                         |         |                                     |                  | Sample Type:                                                                                                                  |                              | B                                   |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| Length (km): .79                                                                                   |                | Gradient (%): 11.65                                                                                                                                                                            |                  | US Elev (m): 431                                                                                                                                                                               |         | Order:                              |                  | 3                                                                                                                             |                              | Magnitude:                          |         | 21                                  |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| Confinement: CO                                                                                    |                | Coupling: CO                                                                                                                                                                                   |                  | Open water: A                                                                                                                                                                                  |         | BGC Zone:                           |                  | ICH                                                                                                                           |                              | Riparian Veg.:                      |         | M                                   |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| Islands: N                                                                                         |                | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                  |                                                                                                                                                                                                |         |                                     |                  |                                                                                                                               |                              | Landuse: FR                         |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| SITE                                                                                               |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |         |                                     |                  |                                                                                                                               |                              |                                     |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| Site #: 644                                                                                        |                | GIS UTM(Zone/East/North)                                                                                                                                                                       |                  | Date: 2000/08/06                                                                                                                                                                               |         | Agency: C172                        |                  | Crew: EM/JD                                                                                                                   |                              |                                     |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| Site Lg (m): 400                                                                                   |                | 9 556304 6110439                                                                                                                                                                               |                  |                                                                                                                                                                                                |         | Ref. Name:                          |                  |                                                                                                                               |                              |                                     |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| CHANNEL                                                                                            |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |         |                                     |                  |                                                                                                                               |                              |                                     |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                | Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                                                                                                                  |                  |                                                                                                                                                                                                |         |                                     |                  | Avg                                                                                                                           |                              | Min                                 |         | Max                                 |  | #                        |  |                               |  |                          |  |                          |  |                          |  |                          |  |
|                                                                                                    |                |                                                                                                                                                                                                |                  | Channel Width (m):                                                                                                                                                                             |         | 5.72                                |                  | 4.93                                                                                                                          |                              | 6.29                                |         | 6                                   |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
|                                                                                                    |                |                                                                                                                                                                                                |                  | Wetted Width (m):                                                                                                                                                                              |         | 3.72                                |                  | 3.29                                                                                                                          |                              | 4.2                                 |         | 6                                   |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
|                                                                                                    |                |                                                                                                                                                                                                |                  | Wb Depth (m):                                                                                                                                                                                  |         | 0.87                                |                  | 0.8                                                                                                                           |                              | 0.9                                 |         | 3                                   |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
|                                                                                                    |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |         | Avg %                               |                  | Min %                                                                                                                         |                              | Max %                               |         | #                                   |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
|                                                                                                    |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |         | Gradient %:                         |                  | 8.75                                                                                                                          |                              | 8                                   |         | 10                                  |  | 4                        |  |                               |  |                          |  |                          |  |                          |  |                          |  |
|                                                                                                    |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |         | Pool Depth (m):                     |                  | 0.33                                                                                                                          |                              | 0.180                               |         | 0.41                                |  | 6                        |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |                | Temp (C): 10                                                                                                                                                                                   |                  | pH: 7.1                                                                                                                                                                                        |         | Cond.: 50                           |                  | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                              |                                     |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| MORPHOLOGY                                                                                         |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |         |                                     |                  |                                                                                                                               |                              |                                     |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| Bed Material: Dominant: B                                                                          |                | Subdom: C                                                                                                                                                                                      |                  | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |         |                                     |                  |                                                                                                                               |                              |                                     |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| D95: 55.00                                                                                         |                | D (cm): 30.00                                                                                                                                                                                  |                  |                                                                                                                                                                                                |         | O1                                  |                  | B1                                                                                                                            |                              | B2                                  |         | B3                                  |  | D1                       |  | D2                            |  | D3                       |  |                          |  |                          |  |                          |  |
| Pattern: SI                                                                                        |                | Islands: N                                                                                                                                                                                     |                  |                                                                                                                                                                                                |         | <input type="checkbox"/>            |                  | <input type="checkbox"/>                                                                                                      |                              | <input checked="" type="checkbox"/> |         | <input type="checkbox"/>            |  | <input type="checkbox"/> |  | <input type="checkbox"/>      |  | <input type="checkbox"/> |  |                          |  |                          |  |                          |  |
| Coupling: CO                                                                                       |                | Confinement: CO                                                                                                                                                                                |                  | DISTURBANCE INDICATORS                                                                                                                                                                         |         | C1                                  |                  | C2                                                                                                                            |                              | C3                                  |         | C4                                  |  | C5                       |  | S1                            |  | S2                       |  | S3                       |  | S4                       |  | S5                       |  |
| Morph: CP                                                                                          |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |         | <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"/> |  |
| COVER                                                                                              |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |         |                                     |                  |                                                                                                                               |                              |                                     |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| Total: A                                                                                           |                | Type: SWD                                                                                                                                                                                      |                  | LWD                                                                                                                                                                                            |         | B                                   |                  | U                                                                                                                             |                              | DP                                  |         | OV                                  |  | IV                       |  | FSZ: <input type="checkbox"/> |  |                          |  |                          |  |                          |  |                          |  |
|                                                                                                    |                | Amount: T                                                                                                                                                                                      |                  | S                                                                                                                                                                                              |         | D                                   |                  | N                                                                                                                             |                              | T                                   |         | S                                   |  | N                        |  |                               |  |                          |  |                          |  |                          |  |                          |  |
|                                                                                                    |                | Loc: P/S/O: <input checked="" type="checkbox"/>                                                                                                                                                |                  | <input type="checkbox"/>                                                                                                                                                                       |         | <input checked="" type="checkbox"/> |                  | <input type="checkbox"/>                                                                                                      |                              | <input type="checkbox"/>            |         | <input checked="" type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/>      |  |                          |  |                          |  |                          |  |                          |  |
| LWD: F                                                                                             |                | DIST: C                                                                                                                                                                                        |                  | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/>                                                           |         |                                     |                  |                                                                                                                               |                              |                                     |         |                                     |  |                          |  | CROWN CLOSURE                 |  |                          |  |                          |  |                          |  |                          |  |
| RB SHP: V                                                                                          |                | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A          |                  | RIP: C                                                                                                                                                                                         |         | STG: YF                             |                  |                                                                                                                               |                              |                                     |         |                                     |  |                          |  | 2                             |  | 21-40%                   |  |                          |  |                          |  |                          |  |
| LB SHP: V                                                                                          |                | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A          |                  | RIP: C                                                                                                                                                                                         |         | STG: YF                             |                  |                                                                                                                               |                              |                                     |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| FEATURES                                                                                           |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |         |                                     |                  |                                                                                                                               |                              |                                     |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| NID Map                                                                                            | NID            | Type                                                                                                                                                                                           | Hgt              | Method                                                                                                                                                                                         | Lg      | Method                              | Photo            | AirPhoto                                                                                                                      | UTM (Zone/East/North/Method) |                                     |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| 103P.020                                                                                           | 88016          | F                                                                                                                                                                                              | 5.0              | GE                                                                                                                                                                                             | 2       | GE                                  | R: F:            | L: #:                                                                                                                         | 9                            | 556558                              | 6109931 | GIS                                 |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| Comments: Impassible falls                                                                         |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |         |                                     |                  |                                                                                                                               |                              |                                     |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| NID Map                                                                                            | NID            | Type                                                                                                                                                                                           | Hgt              | Method                                                                                                                                                                                         | Lg      | Method                              | Photo            | AirPhoto                                                                                                                      | UTM (Zone/East/North/Method) |                                     |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| 103P.020                                                                                           | 88015          | F                                                                                                                                                                                              | 4.0              | GE                                                                                                                                                                                             | 1       | GE                                  | R: 10 F: 16      | L: #:                                                                                                                         | 9                            | 556536                              | 6109942 | GIS                                 |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| Comments: Impassible falls                                                                         |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |         |                                     |                  |                                                                                                                               |                              |                                     |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| NID Map                                                                                            | NID            | Type                                                                                                                                                                                           | Hgt              | Method                                                                                                                                                                                         | Lg      | Method                              | Photo            | AirPhoto                                                                                                                      | UTM (Zone/East/North/Method) |                                     |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| 103P.020                                                                                           | 88014          | F                                                                                                                                                                                              | 3.0              | GE                                                                                                                                                                                             | 1       | GE                                  | R: 10 F: 15      | L: #:                                                                                                                         | 9                            | 556457                              | 6110053 | GIS                                 |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| Comments: Impassible falls                                                                         |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |         |                                     |                  |                                                                                                                               |                              |                                     |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| NID Map                                                                                            | NID            | Type                                                                                                                                                                                           | Hgt              | Method                                                                                                                                                                                         | Lg      | Method                              | Photo            | AirPhoto                                                                                                                      | UTM (Zone/East/North/Method) |                                     |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| 103P.020                                                                                           | 88013          | C                                                                                                                                                                                              | 2.5              | GE                                                                                                                                                                                             | 2       | GE                                  | R: 10 F: 14      | L: #:                                                                                                                         | 9                            | 556547                              | 6109947 | GIS                                 |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| Comments: Cascade                                                                                  |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |         |                                     |                  |                                                                                                                               |                              |                                     |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| NID Map                                                                                            | NID            | Type                                                                                                                                                                                           | Hgt              | Method                                                                                                                                                                                         | Lg      | Method                              | Photo            | AirPhoto                                                                                                                      | UTM (Zone/East/North/Method) |                                     |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| 103P.020                                                                                           | 88012          | LS                                                                                                                                                                                             | 30.0             | GE                                                                                                                                                                                             | 15      | GE                                  | R: 10 F: 13      | L: #:                                                                                                                         | 9                            | 556415                              | 6110201 | GIS                                 |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| Comments: Slumping bank falling into stream                                                        |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |         |                                     |                  |                                                                                                                               |                              |                                     |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| FISH                                                                                               |                |                                                                                                                                                                                                |                  |                                                                                                                                                                                                |         |                                     |                  |                                                                                                                               |                              |                                     |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |
| Site Number                                                                                        | Capture Method | Number of Events                                                                                                                                                                               | Total Length (m) | Total Time                                                                                                                                                                                     | Voltage | Species                             | Total Fish       | Minimum Length (mm)                                                                                                           | Maximum Length (mm)          |                                     |         |                                     |  |                          |  |                               |  |                          |  |                          |  |                          |  |                          |  |

February 12, 2001

# Stream Reach/Site Summary Report

| Watershed Code: 400-362300-25100-00000-0000-0000-000-000-000-000-000 |        |        |     |         |     | Reach # | ILP Map #   | ILP #       |
|----------------------------------------------------------------------|--------|--------|-----|---------|-----|---------|-------------|-------------|
|                                                                      |        |        |     |         |     | 1.0     |             |             |
|                                                                      | Method | Events | (m) | Time    |     | Fish    | Length (mm) | Length (mm) |
| 844                                                                  | EF     | 1      | 400 | 517 sec | 600 | NFC     | 0           |             |



## FDIS Site Card

| Reach # | ILP Map # | ILP # | Site |
|---------|-----------|-------|------|
|---------|-----------|-------|------|

**Watershed Code:** 400-362300-25100-00000-0000-0000-000-000-000-000-000-000

1.0

644

|                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| PROJECT                                                                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Project Name: Mill Area 1:20K Stream Inventory Project                                        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stream Name (gaz.): SKEENA RIVER                                                              |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Project Watershed Code: 400-000000-00000-00000-0000-000-000-000-000                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| WATERSHED                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Gazetted Name: Local Name: None                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Watershed Code: 400-362300-25100-00000-0000-0000-000-000-000-000                              |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ILP Map#: ILP #: NID Map #: 103P.020 NID #: 60044 Reach #: 1.0 Site #: 644                    |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Field UTM(Zone/East/North/Method) GIS UTM(Zone/East/North) Site Lg: 400 Method: HC Access: V2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: 2000/08/06 Time: 17:55 Agency: C172 Crew: EM/JD Fish Crd?: Incomplete:                  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CHANNEL                                                                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Channel Width (m): Mtd width width width width width width width width width width width Avg  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Wetted Width (m): T 4.20 3.80 3.75 3.86 3.42 3.29 3.72                                        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pool Depth (m): MS 0.41 0.26 0.37 0.18 0.37 0.41 0.33                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Wb Depth: .9 .9 .8 Avg: 0.87 Method: MS Stage: L M H                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |
| COVER Total: A                                                                                |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Type: SWD LWD B U DP OV IV                                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Amount: T S D N T S N                                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Loc: P/S/O: G C B R A                                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |
| LWD: F DIST: C                                                                                |  |  |  |  |  |  |  |  |  |  |  |  |  |
| LB SHP: V                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Texture: F G C B R A                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |
| RIP: C                                                                                        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| STG: YF                                                                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CROWN CLOSURE 2 21-40%                                                                        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| INSTREAM VEG: N A M V                                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |
| RB SHP: V                                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Texture: F G C B R A                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |
| RIP: C                                                                                        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| STG: YF                                                                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| WATER                                                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EMS: Req #: Cond.: 50 Method: S4                                                              |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Temp: 10 Method: T3                                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| pH: 7.1 Method: P2                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Flood Signs: ERODING BANKS Method: GE                                                         |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Turb.: T M L C Method: GE                                                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MORPHOLOGY                                                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bed Material: Dominant: B Subdom: C                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D95: 55.0 D (cm): 30.00 Morph: CP                                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pattern: SI                                                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Islands: N                                                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Coupling: CO                                                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Confinement: CO                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FSZ                                                                                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DISTURBANCE INDICATORS                                                                        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| O1 B1 B2 B3 D1 D2 D3                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bars: N SIDE DIAG MID SPAN BR                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FEATURES                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NID Map NID Type Hgt Method Lg Method Photo AirPhoto UTM (Zone/East/North/Method)             |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 103P.020 88016 F 5.0 GE 2 GE R: F: L: #: 9 556558 6109931 GIS                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Comments: Impassible falls                                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NID Map NID Type Hgt Method Lg Method Photo AirPhoto UTM (Zone/East/North/Method)             |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 103P.020 88015 F 4.0 GE 1 GE R: 10 F: 16 L: #: 9 556536 6109942 GIS                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Comments: Impassible falls                                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NID Map NID Type Hgt Method Lg Method Photo AirPhoto UTM (Zone/East/North/Method)             |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 103P.020 88014 F 3.0 GE 1 GE R: 10 F: 15 L: #: 9 556457 6110053 GIS                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Comments: Impassible falls                                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |

# FDIS Site Card

Reach #    ILP Map #    ILP #    Site

Watershed Code: 400-362300-25100-00000-0000-0000-000-000-000-000-000

1.0

644

| FEATURES                                    |       |                                                                                                                       |      |        |    |          |       |                                       |    |    |          |    |                              |   |        |         |     |
|---------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------|------|--------|----|----------|-------|---------------------------------------|----|----|----------|----|------------------------------|---|--------|---------|-----|
| NID Map                                     | NID   | Type                                                                                                                  | Hgt  | Method | Lg | Method   | Photo |                                       |    |    | AirPhoto |    | UTM (Zone/East/North/Method) |   |        |         |     |
| 103P.020                                    | 88013 | C                                                                                                                     | 2.5  | GE     | 2  | GE       | R:    | 10                                    | F: | 14 | L:       | #: |                              | 9 | 556547 | 6109947 | GIS |
| Comments: Cascade                           |       |                                                                                                                       |      |        |    |          |       |                                       |    |    |          |    |                              |   |        |         |     |
| NID Map                                     | NID   | Type                                                                                                                  | Hgt  | Method | Lg | Method   | Photo |                                       |    |    | AirPhoto |    | UTM (Zone/East/North/Method) |   |        |         |     |
| 103P.020                                    | 88012 | LS                                                                                                                    | 30.0 | GE     | 15 | GE       | R:    | 10                                    | F: | 13 | L:       | #: |                              | 9 | 556415 | 6110201 | GIS |
| Comments: Slumping bank falling into stream |       |                                                                                                                       |      |        |    |          |       |                                       |    |    |          |    |                              |   |        |         |     |
| HABITAT QUALITY                             |       |                                                                                                                       |      |        |    |          |       |                                       |    |    |          |    |                              |   |        |         |     |
| Name                                        |       | Comments                                                                                                              |      |        |    |          |       |                                       |    |    |          |    |                              |   |        |         |     |
| OverWinter Habitat                          |       | Overwintering habitat present below falls                                                                             |      |        |    |          |       |                                       |    |    |          |    |                              |   |        |         |     |
| Spawning Habitat                            |       | Poor spawning habitat-large substrates, high gradient                                                                 |      |        |    |          |       |                                       |    |    |          |    |                              |   |        |         |     |
| Rearing Habitat                             |       | Poor rearing habitat-very little holding water, channel has a relatively small amount of slow water along the margins |      |        |    |          |       |                                       |    |    |          |    |                              |   |        |         |     |
| PHOTOS                                      |       |                                                                                                                       |      |        |    |          |       |                                       |    |    |          |    |                              |   |        |         |     |
| Photo                                       |       | Foc Lg                                                                                                                |      | Dir    |    | Comments |       |                                       |    |    |          |    |                              |   |        |         |     |
| R:                                          | 10    | F:                                                                                                                    | 11   | STD    |    | U        |       | Upstream photo of typical habitat     |    |    |          |    |                              |   |        |         |     |
| R:                                          | 10    | F:                                                                                                                    | 12   | STD    |    | D        |       | Downstream photo of typical habitat   |    |    |          |    |                              |   |        |         |     |
| R:                                          | 10    | F:                                                                                                                    | 13   | STD    |    | X        |       | Slumping bank 30 m high and 15 m wide |    |    |          |    |                              |   |        |         |     |
| R:                                          | 10    | F:                                                                                                                    | 14   | STD    |    | U        |       | Upstream photo of a 2.5 m cascade     |    |    |          |    |                              |   |        |         |     |
| R:                                          | 10    | F:                                                                                                                    | 15   | STD    |    | U        |       | Upstream photo of a 3 m falls         |    |    |          |    |                              |   |        |         |     |
| R:                                          | 10    | F:                                                                                                                    | 16   | STD    |    | U        |       | Upstream photo of a 4 m falls         |    |    |          |    |                              |   |        |         |     |
| COMMENTS                                    |       |                                                                                                                       |      |        |    |          |       |                                       |    |    |          |    |                              |   |        |         |     |
| Section                                     |       | Comments                                                                                                              |      |        |    |          |       |                                       |    |    |          |    |                              |   |        |         |     |
| SITE CARD                                   |       | Fish form 30548                                                                                                       |      |        |    |          |       |                                       |    |    |          |    |                              |   |        |         |     |
| CHANNEL                                     |       | Falls at the confluence with Mill Creek blocks upstream fish migration to this reach                                  |      |        |    |          |       |                                       |    |    |          |    |                              |   |        |         |     |
| CHANNEL                                     |       | S5 Stream                                                                                                             |      |        |    |          |       |                                       |    |    |          |    |                              |   |        |         |     |



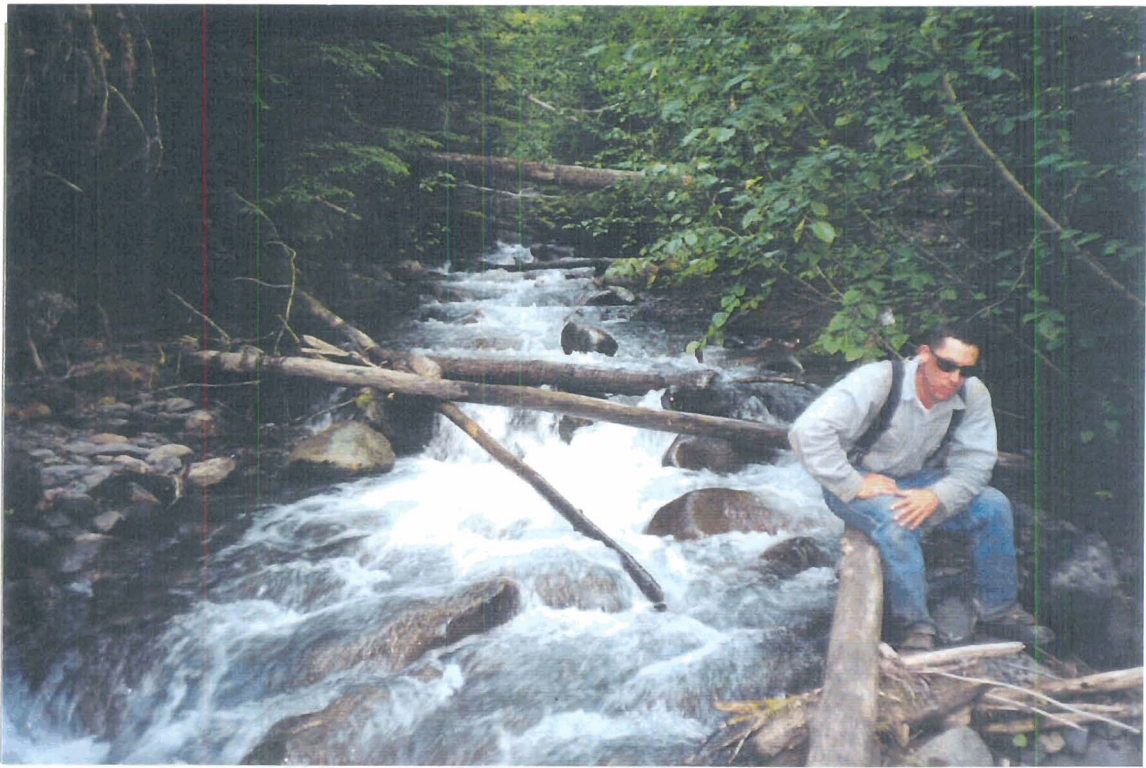
# FDIS Fish Form

Reach #      ILP Map #      ILP #

Watershed Code:      400-362300-25100-00000-0000-0000-000-000-000-000-000

1.0

| WATERBODY                                                     |          |       |                          |            |            |                |                |                |                                    |                 |               |     |
|---------------------------------------------------------------|----------|-------|--------------------------|------------|------------|----------------|----------------|----------------|------------------------------------|-----------------|---------------|-----|
| Gazetted Name:                                                |          |       |                          |            |            |                |                |                |                                    | Local: None     |               |     |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-0   |          |       |                          |            |            |                |                |                |                                    |                 |               |     |
| WS Code: 400-362300-25100-00000-0000-0000-000-000-000-000-000 |          |       |                          |            |            |                |                |                |                                    |                 |               |     |
| Waterbody ID:                                                 |          |       |                          | ILP Map #: |            |                |                | ILP #:         |                                    | Reach #: 1 -    |               |     |
| Project ID: 3476                                              |          |       |                          |            |            |                |                | Lake/Stream: S |                                    | Lake From Date: |               |     |
| Fish Permit #: 25350K                                         |          |       | Date: 2000/08/06         |            |            | To: 2000/08/06 |                |                | Agency: C172                       |                 | Crew: EM/JD   |     |
|                                                               |          |       |                          |            |            |                |                |                | Resample: <input type="checkbox"/> |                 |               |     |
| SITE / METHOD                                                 |          |       |                          |            |            |                |                |                |                                    |                 |               |     |
| Site#                                                         | NID Map  | NID # | UTM:Zone/East/North/Mthd |            |            | MTD/NO         |                | Temp           | Cond                               | Turbid          | Comment       |     |
| 644                                                           | 103P.020 | 60044 |                          |            |            | EF             | 1              | 10             | 50                                 | C               |               |     |
| A. GEAR SETTINGS                                              |          |       |                          |            |            |                |                |                |                                    |                 |               |     |
| Site#                                                         | MTD/NO   | H/P   | Date In                  | Time In    | Date Out   | Time Out       | Comment        |                |                                    |                 |               |     |
| 644                                                           | EF       | 1     | 2000/08/06               | 17:55      | 2000/08/06 | 18:40          |                |                |                                    |                 |               |     |
| C. ELECTROFISHER SPECIFICATIONS                               |          |       |                          |            |            |                |                |                |                                    |                 |               |     |
| Site#                                                         | MTD/NO   | H/P   | Encl                     | Sec        | Lnth       | Width          | Voltage        | Frequency      | Pulse                              | Make            | Model         |     |
| 644                                                           | EF       | 1     | 1                        | O          | 517        | 400.0          | 3.5            | 600            | 60                                 | 6               | SMITH<br>ROOT | 12B |
| FISH SUMMARY                                                  |          |       |                          |            |            |                |                |                |                                    |                 |               |     |
| Site#                                                         | MTD/NO   | H/P   | Species                  | Stage      | Age        | Total #        | Lgth (Min/Max) | FishAct        | Comment                            |                 |               |     |
| 644                                                           | EF       | 1     | 1                        | NFC        |            | 0              |                |                |                                    |                 |               |     |

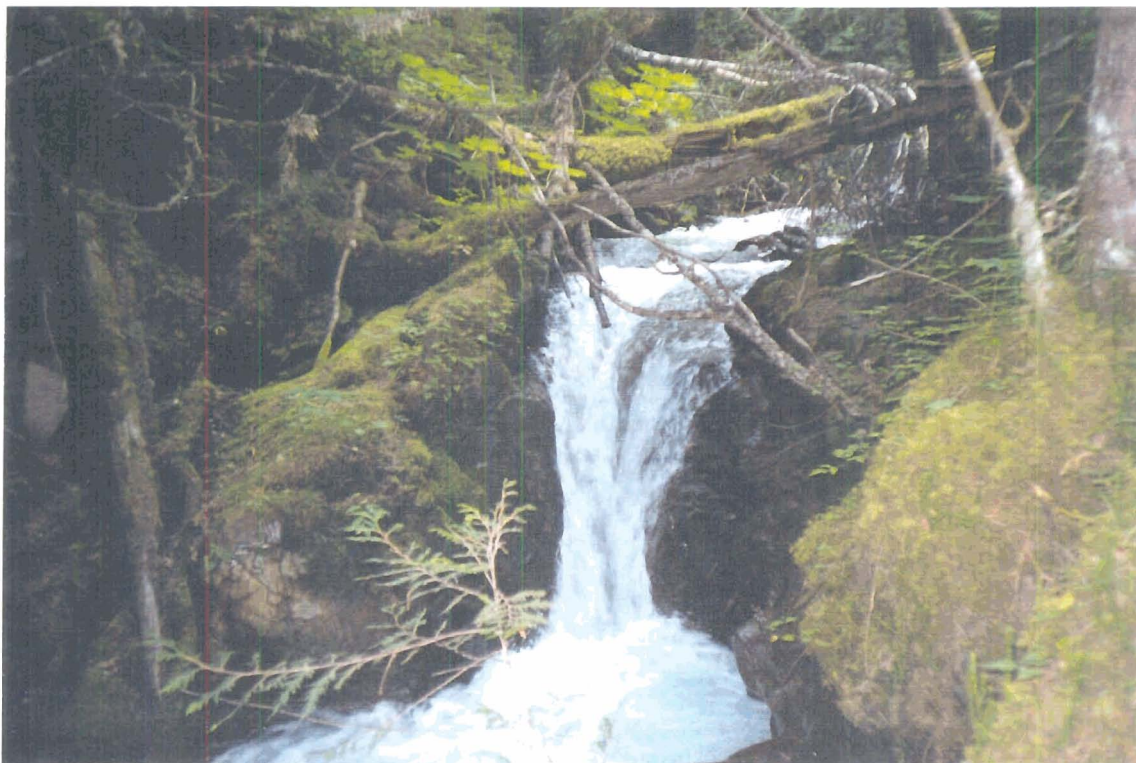


Site #644, Upstream photo of typical habitat  
Roll #10, Frame #11, Date: 2000/08/06



Site #644, Upstream photo of a 4 m falls  
Roll #10, Frame #16, Date: 2000/08/06





Site #644, Upstream photo of a 3 m falls  
Roll #10, Frame #15, Date: 2000/08/06



Site #644, Upstream photo of a 2.5 m cascade  
Roll #10, Frame #14, Date: 2000/08/06





Site #644, Slumping bank 30 m high and 15 m wide  
Roll #10, Frame #13, Date: 2000/08/06



Site #644, Downstream photo of typical habitat  
Roll #10, Frame #12, Date: 2000/08/06



# Stream Reach/Site Summary Report

Reach #    ILP Map #    ILP #

Watershed Code: 400-362300-25100-00000-0000-0000-000-000-000-000-000

2.0

| STREAM REFERENCING                                                                                 |                |                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                |                  |                                                                                                                                                                                                                                                           |            |                                                                                                                               |                     |
|----------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Gazetted Name:                                                                                     |                |                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                | Local Name: None |                                                                                                                                                                                                                                                           |            |                                                                                                                               |                     |
| Watershed Code: 400-362300-25100-00000-0000-0000-000-000-000-000                                   |                |                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                | ILP Map #:       |                                                                                                                                                                                                                                                           | ILP #:     |                                                                                                                               |                     |
| REACH                                                                                              |                |                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                |                  |                                                                                                                                                                                                                                                           |            |                                                                                                                               |                     |
| Reach #: 2.0                                                                                       |                | UTM(Zone/East/North): 9.554959.6111225                                                                                                                                                                                                                                                                 |                  |                                                                                                                                                                                                | Sample Type: R   |                                                                                                                                                                                                                                                           |            |                                                                                                                               |                     |
| Length (km): 1.56                                                                                  |                | Gradient (%): 17.37                                                                                                                                                                                                                                                                                    |                  | US Elev (m): 702                                                                                                                                                                               |                  | Order: 3                                                                                                                                                                                                                                                  |            | Magnitude: 21                                                                                                                 |                     |
| Confinement: CO                                                                                    |                | Coupling: CO                                                                                                                                                                                                                                                                                           |                  | Open water: A                                                                                                                                                                                  |                  | BGC Zone: ICH                                                                                                                                                                                                                                             |            | Riparian Veg.: M                                                                                                              |                     |
| Islands: N                                                                                         |                | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                         |                  |                                                                                                                                                                                                |                  |                                                                                                                                                                                                                                                           |            | Landuse: FR                                                                                                                   |                     |
| SITE                                                                                               |                |                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                |                  |                                                                                                                                                                                                                                                           |            |                                                                                                                               |                     |
| Site #: 645                                                                                        |                | GIS UTM(Zone/East/North)                                                                                                                                                                                                                                                                               |                  | Date: 2000/08/06                                                                                                                                                                               |                  | Agency: C172                                                                                                                                                                                                                                              |            | Crew: EM/JD                                                                                                                   |                     |
| Site Lg (m): 200                                                                                   |                | 9    556118    6110640                                                                                                                                                                                                                                                                                 |                  |                                                                                                                                                                                                |                  | Ref. Name:                                                                                                                                                                                                                                                |            |                                                                                                                               |                     |
| CHANNEL                                                                                            |                |                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                |                  |                                                                                                                                                                                                                                                           |            |                                                                                                                               |                     |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                |                                                                                                                                                                                                                                                                                                        |                  | Avg    Min    Max    #                                                                                                                                                                         |                  |                                                                                                                                                                                                                                                           |            | Avg %    Min %    Max %    #                                                                                                  |                     |
| Dw: <input type="checkbox"/> Tribes.: <input type="checkbox"/>                                     |                |                                                                                                                                                                                                                                                                                                        |                  | Channel Width (m): 5.40    4.75    6.260    6                                                                                                                                                  |                  |                                                                                                                                                                                                                                                           |            | Gradient %: 15.00    16    16    4                                                                                            |                     |
|                                                                                                    |                |                                                                                                                                                                                                                                                                                                        |                  | Wetted Width (m): 3.31    2.86    4.12    6                                                                                                                                                    |                  |                                                                                                                                                                                                                                                           |            | Pool Depth (m): 0.34    0.21    0.44    6                                                                                     |                     |
|                                                                                                    |                |                                                                                                                                                                                                                                                                                                        |                  | Wb Depth (m): 0.80    0.8    0.8    3                                                                                                                                                          |                  |                                                                                                                                                                                                                                                           |            |                                                                                                                               |                     |
| Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |                | Temp (C): 10                                                                                                                                                                                                                                                                                           |                  | pH: 7.1                                                                                                                                                                                        |                  | Cond.: 50                                                                                                                                                                                                                                                 |            | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                     |
| MORPHOLOGY                                                                                         |                |                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                |                  |                                                                                                                                                                                                                                                           |            |                                                                                                                               |                     |
| Bed Material: Dominant: B                                                                          |                | Subdom: C                                                                                                                                                                                                                                                                                              |                  | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                  |                                                                                                                                                                                                                                                           |            |                                                                                                                               |                     |
| D95: 60.00                                                                                         |                | D (cm): 40.00                                                                                                                                                                                                                                                                                          |                  |                                                                                                                                                                                                |                  | O1    B1    B2    B3    D1    D2    D3                                                                                                                                                                                                                    |            |                                                                                                                               |                     |
| Pattern: SI                                                                                        |                | Islands: N                                                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                |                  | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                 |            |                                                                                                                               |                     |
| Coupling: CO                                                                                       |                | Confinement: CO                                                                                                                                                                                                                                                                                        |                  | DISTURBANCE INDICATORS                                                                                                                                                                         |                  | C1    C2    C3    C4    C5    S1    S2    S3    S4    S5                                                                                                                                                                                                  |            |                                                                                                                               |                     |
| Morph: CP                                                                                          |                |                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                |                  | <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"/> |            |                                                                                                                               |                     |
| COVER                                                                                              |                |                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                |                  |                                                                                                                                                                                                                                                           |            |                                                                                                                               |                     |
| Total: M                                                                                           |                | Type: SWD    LWD    B    U    DP    OV    IV                                                                                                                                                                                                                                                           |                  |                                                                                                                                                                                                |                  |                                                                                                                                                                                                                                                           |            | FSZ: <input type="checkbox"/>                                                                                                 |                     |
|                                                                                                    |                | Amount: T    D    S    N    T    T    N                                                                                                                                                                                                                                                                |                  |                                                                                                                                                                                                |                  |                                                                                                                                                                                                                                                           |            |                                                                                                                               |                     |
|                                                                                                    |                | Loc: P/S/O: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                  |                                                                                                                                                                                                |                  |                                                                                                                                                                                                                                                           |            |                                                                                                                               |                     |
| LWD: F                                                                                             |                | DIST: C                                                                                                                                                                                                                                                                                                |                  | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/>                                                           |                  |                                                                                                                                                                                                                                                           |            | CROWN CLOSURE                                                                                                                 |                     |
| RB SHP: V                                                                                          |                | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                       |                  | RIP: C                                                                                                                                                                                         |                  | STG: YF                                                                                                                                                                                                                                                   |            | 2    21-40%                                                                                                                   |                     |
| LB SHP: V                                                                                          |                | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                       |                  | RIP: C                                                                                                                                                                                         |                  | STG: YF                                                                                                                                                                                                                                                   |            |                                                                                                                               |                     |
| FISH                                                                                               |                |                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                |                  |                                                                                                                                                                                                                                                           |            |                                                                                                                               |                     |
| Site Number                                                                                        | Capture Method | Number of Events                                                                                                                                                                                                                                                                                       | Total Length (m) | Total Time                                                                                                                                                                                     | Voltage          | Species                                                                                                                                                                                                                                                   | Total Fish | Minimum Length (mm)                                                                                                           | Maximum Length (mm) |
| 645                                                                                                | EF             | 1                                                                                                                                                                                                                                                                                                      | 200              | 259 sec                                                                                                                                                                                        | 600              | NFC                                                                                                                                                                                                                                                       | 0          |                                                                                                                               |                     |

# FDIS Site Card

| Reach # | ILP Map # | ILP # | Site |
|---------|-----------|-------|------|
|---------|-----------|-------|------|

## 2.0

645

| PROJECT                                                                      |    |                                     |                          |                                     |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
|------------------------------------------------------------------------------|----|-------------------------------------|--------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------|--------------------------------------|--------------------------|---------------------------------------------------------------|--------------------------|------|--------------------------|-------|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|
| Project Name: Mill Area 1:20K Stream Inventory Project                       |    |                                     |                          |                                     |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      | Project Code: 3476                                                                                                                                                                               |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| Stream Name (gaz.): SKEENA RIVER                                             |    |                                     |                          |                                     |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| Project Watershed Code: 400-000000-00000-00000-0000-0000-000-000-000-000-000 |    |                                     |                          |                                     |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| WATERSHED                                                                    |    |                                     |                          |                                     |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| Gazetted Name:                                                               |    |                                     |                          |                                     |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      | Local Name: None                                                                                                                                                                                 |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| Watershed Code: 400-362300-25100-00000-00000-0000-000-000-000-000-000        |    |                                     |                          |                                     |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| ILP Map#:                                                                    |    | ILP #:                              |                          | NID Map #: 103P.020                 |                                                                                                                                                                                                  |                                     | NID #: 60045                        |                                                                                                                                                                                                | Reach #:                                                                                                                             |                                                                                                                                                                                                  | 2.0        |                                                                             | Site #: 645                          |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| Field UTM(Zone/East/North/Method)                                            |    |                                     |                          | GIS UTM(Zone/East/North)            |                                                                                                                                                                                                  |                                     |                                     | Site Lg: 200                                                                                                                                                                                   |                                                                                                                                      |                                                                                                                                                                                                  | Method: HC |                                                                             | Access: V2                           |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
|                                                                              |    |                                     |                          | 9 556118 6110640                    |                                                                                                                                                                                                  |                                     |                                     | Ref. Name:                                                                                                                                                                                     |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| Date: 2000/08/06                                                             |    |                                     | Time: 18:55              |                                     | Agency: C172                                                                                                                                                                                     |                                     |                                     | Crew: EM/JD                                                                                                                                                                                    |                                                                                                                                      | Fish Crd?: <input checked="" type="checkbox"/>                                                                                                                                                   |            |                                                                             | Incomplete: <input type="checkbox"/> |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| CHANNEL                                                                      |    |                                     |                          |                                     |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
|                                                                              |    |                                     |                          |                                     |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             | Gadient %                            |                          | Mtd                                                           |                          | Avg  |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| Channel Width (m):                                                           |    | T                                   | 4.81                     | 5.26                                | 5.17                                                                                                                                                                                             | 6.12                                | 4.75                                | 6.26                                                                                                                                                                                           |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      | 5.40                     | Method I:                                                     | 15.0                     | 16.0 | AL                       | 15.00 |                          |  |                          |  |                          |  |                          |  |                          |  |
| Wetted Width (m):                                                            |    | T                                   | 3.31                     | 2.86                                | 3.46                                                                                                                                                                                             | 4.12                                | 3.14                                | 2.96                                                                                                                                                                                           |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      | 3.31                     | Method II:                                                    | 14.0                     | 15.0 | AL                       |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| Pool Depth (m):                                                              |    | MS                                  | 0.21                     | 0.43                                | 0.38                                                                                                                                                                                             | 0.29                                | 0.44                                | 0.27                                                                                                                                                                                           |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      | 0.34                     |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| Wb Depth:                                                                    |    |                                     | .8                       | .8                                  | .8                                                                                                                                                                                               | Avg: 0.80                           |                                     | Method: MS                                                                                                                                                                                     |                                                                                                                                      | Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/>                                                                                               |            | No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/> |                                      |                          | Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/> |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| COVER                                                                        |    |                                     |                          |                                     |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      |                          | Total: M                                                      |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| Type:                                                                        |    | SWD                                 | LWD                      | B                                   | U                                                                                                                                                                                                | DP                                  | OV                                  | IV                                                                                                                                                                                             | CROWN CLOSURE                                                                                                                        |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| Amount:                                                                      |    | T                                   | D                        | S                                   | N                                                                                                                                                                                                | T                                   | T                                   | N                                                                                                                                                                                              | 2 21-40%                                                                                                                             |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| Loc: P/S/O:                                                                  |    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                       | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| LWD: F                                                                       |    |                                     |                          |                                     | DIST: C                                                                                                                                                                                          |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      | RB SHP: V                                                                                                                                                                                        |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| LB SHP: V                                                                    |    |                                     |                          |                                     | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| RIP: C                                                                       |    |                                     |                          |                                     | STG: YF                                                                                                                                                                                          |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      | RIP: C                                                                                                                                                                                           |            |                                                                             |                                      |                          | STG: YF                                                       |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| WATER                                                                        |    |                                     |                          |                                     |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| EMS:                                                                         |    |                                     |                          |                                     | Req #:                                                                                                                                                                                           |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| Temp: 10                                                                     |    |                                     |                          |                                     | Method: T3                                                                                                                                                                                       |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      | Cond.: 50                                                                                                                                                                                        |            |                                                                             |                                      |                          | Method: S4                                                    |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| pH: 7.1                                                                      |    |                                     |                          |                                     | Method: P2                                                                                                                                                                                       |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C                                                                    |            |                                                                             |                                      |                          | Method: GE                                                    |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| Flood Signs: ERODING BANK                                                    |    |                                     |                          |                                     | Method: GE                                                                                                                                                                                       |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| MORPHOLOGY                                                                   |    |                                     |                          |                                     |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| Bed Material:                                                                |    | Dominant: B                         |                          |                                     | Subdom: C                                                                                                                                                                                        |                                     |                                     | O1                                                                                                                                                                                             |                                                                                                                                      | B1                                                                                                                                                                                               |            | B2                                                                          |                                      | B3                       |                                                               | D1                       |      | D2                       |       | D3                       |  |                          |  |                          |  |                          |  |                          |  |
| D95: 60.0                                                                    |    | D (cm): 40.00                       |                          |                                     | Morph: CP                                                                                                                                                                                        |                                     |                                     | <input type="checkbox"/>                                                                                                                                                                       |                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                                         |            | <input checked="" type="checkbox"/>                                         |                                      | <input type="checkbox"/> |                                                               | <input type="checkbox"/> |      | <input type="checkbox"/> |       | <input type="checkbox"/> |  |                          |  |                          |  |                          |  |                          |  |
| Pattern: SI                                                                  |    |                                     |                          |                                     |                                                                                                                                                                                                  |                                     |                                     | DISTURBANCE                                                                                                                                                                                    |                                                                                                                                      | C1                                                                                                                                                                                               |            | C2                                                                          |                                      | C3                       |                                                               | C4                       |      | C5                       |       | S1                       |  | S2                       |  | S3                       |  | S4                       |  | S5                       |  |
| Islands: N                                                                   |    |                                     |                          |                                     |                                                                                                                                                                                                  |                                     |                                     | INDICATORS                                                                                                                                                                                     |                                                                                                                                      | <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"/> |  |
| Coupling: CO                                                                 |    |                                     |                          |                                     |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      | <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"/> |  |
| Confinement: CO                                                              |    |                                     |                          |                                     |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      | <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"/> |  |
| FSZ                                                                          |    | <input type="checkbox"/>            |                          |                                     |                                                                                                                                                                                                  |                                     |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| HABITAT QUALITY                                                              |    |                                     |                          |                                     |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| Name                                                                         |    |                                     |                          |                                     | Comments                                                                                                                                                                                         |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| OverWinter Habitat                                                           |    |                                     |                          |                                     | No overwintering habitat observed                                                                                                                                                                |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| Spawning Habitat                                                             |    |                                     |                          |                                     | Poor spawning habitat-high gradient, large substrates                                                                                                                                            |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| Rearing Habitat                                                              |    |                                     |                          |                                     | Poor rearing habitat-high gradient, fast water, low percentage of holding water                                                                                                                  |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| PHOTOS                                                                       |    |                                     |                          |                                     |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| Photo                                                                        |    | Foc Lg                              |                          | Dir                                 |                                                                                                                                                                                                  | Comments                            |                                     |                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| R:                                                                           | 10 | F:                                  | 17                       | STD                                 |                                                                                                                                                                                                  | U                                   |                                     | Upstream photo of high gradient and fast water                                                                                                                                                 |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| R:                                                                           | 10 | F:                                  | 18                       | STD                                 |                                                                                                                                                                                                  | D                                   |                                     | Downstream photo of cascade pool habitat                                                                                                                                                       |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| COMMENTS                                                                     |    |                                     |                          |                                     |                                                                                                                                                                                                  |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |
| Section                                                                      |    |                                     |                          |                                     | Comments                                                                                                                                                                                         |                                     |                                     |                                                                                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                  |            |                                                                             |                                      |                          |                                                               |                          |      |                          |       |                          |  |                          |  |                          |  |                          |  |                          |  |



FDIS Site Card

|                                                                      |                                                                         |          |           |       |      |  |  |  |  |
|----------------------------------------------------------------------|-------------------------------------------------------------------------|----------|-----------|-------|------|--|--|--|--|
| Watershed Code: 400-362300-25100-00000-0000-0000-000-000-000-000-000 |                                                                         | Reach #  | ILP Map # | ILP # | Site |  |  |  |  |
| Section                                                              |                                                                         | 2.0      |           |       | 645  |  |  |  |  |
|                                                                      |                                                                         | Comments |           |       |      |  |  |  |  |
| SITE CARD                                                            | Fish form 30502                                                         |          |           |       |      |  |  |  |  |
| CHANNEL                                                              | Falls at the confluence with Mill Creek prevent upstream fish migration |          |           |       |      |  |  |  |  |
| CHANNEL                                                              | S5 Stream                                                               |          |           |       |      |  |  |  |  |

# FDIS Fish Form

Reach #      ILP Map #      ILP #

Watershed Code:      400-362300-25100-00000-0000-0000-000-000-000-000-000

2.0

| WATERBODY                                                     |          |       |                          |                |          |                |                |                 |              |              |               |         |                                    |
|---------------------------------------------------------------|----------|-------|--------------------------|----------------|----------|----------------|----------------|-----------------|--------------|--------------|---------------|---------|------------------------------------|
| Gazetted Name:                                                |          |       |                          |                |          |                |                |                 |              | Local: None  |               |         |                                    |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-0   |          |       |                          |                |          |                |                |                 |              |              |               |         |                                    |
| WS Code: 400-362300-25100-00000-0000-0000-000-000-000-000-000 |          |       |                          |                |          |                |                |                 |              |              |               |         |                                    |
| Waterbody ID:                                                 |          |       |                          | ILP Map #:     |          |                |                | ILP #:          |              | Reach #: 2 - |               |         |                                    |
| Project ID: 3476                                              |          |       |                          | Lake/Stream: S |          |                |                | Lake From Date: |              |              |               |         |                                    |
| Fish Permit #: 25350K                                         |          |       | Date: 2000/08/06         |                |          | To: 2000/08/06 |                |                 | Agency: C172 |              | Crew: EM/JD   |         | Resample: <input type="checkbox"/> |
| SITE / METHOD                                                 |          |       |                          |                |          |                |                |                 |              |              |               |         |                                    |
| Site#                                                         | NID Map  | NID # | UTM:Zone/East/North/Mthd |                |          |                | MTD/NO         |                 | Temp         | Cond         | Turbid        | Comment |                                    |
| 645                                                           | 103P.020 | 60045 |                          |                |          |                | EF             | 1               | 10           | 50           | C             |         |                                    |
| A. GEAR SETTINGS                                              |          |       |                          |                |          |                |                |                 |              |              |               |         |                                    |
| Site#                                                         | MTD/NO   | H/P   | Date In                  | Time In        | Date Out | Time Out       | Comment        |                 |              |              |               |         |                                    |
| 645                                                           | EF       | 1     | 1                        | 2000/08/06     | 18:55    | 2000/08/06     | 19:40          |                 |              |              |               |         |                                    |
| C. ELECTROFISHER SPECIFICATIONS                               |          |       |                          |                |          |                |                |                 |              |              |               |         |                                    |
| Site#                                                         | MTD/NO   | H/P   | Encl                     | Sec            | Lnth     | Wdth           | Voltage        | Frequency       | Pulse        | Make         | Model         |         |                                    |
| 645                                                           | EF       | 1     | 1                        | O              | 259      | 200.0          | 3.5            | 600             | 60           | 6            | SMITH<br>ROOT | 12B     |                                    |
| FISH SUMMARY                                                  |          |       |                          |                |          |                |                |                 |              |              |               |         |                                    |
| Site#                                                         | MTD/NO   | H/P   | Species                  | Stage          | Age      | Total #        | Lgth (Min/Max) | FishAct         | Comment      |              |               |         |                                    |
| 645                                                           | EF       | 1     | 1                        | NFC            |          | 0              |                |                 |              |              |               |         |                                    |





Site #645, Upstream photo of high gradient and fast water  
Roll #10, Frame #17, Date: 2000/08/06



Site #645, Downstream photo of cascade pool habitat  
Roll #10, Frame #18, Date: 2000/08/06



# Stream Reach/Site Summary Report

Reach # ILP Map # ILP #

Watershed Code: 400-339200-20200-00000-0000-0000-000-000-000-000-000

3.0

| STREAM REFERENCING                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                |                          |                                     |                          |                                                                                                                               |                     |                          |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
|----------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------|------------------------------|-------------------------------------|-------------|---|----|----|----|---------|---|---|---|---|---|---|---|-------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------|--|
| Gazetted Name:                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                |                          |                                     | Local Name: None         |                                                                                                                               |                     |                          |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Watershed Code: 400-339200-20200-00000-0000-0000-000-000-000-000-000                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                |                          |                                     | ILP Map #:               |                                                                                                                               |                     | ILP #:                   |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| REACH                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                |                          |                                     |                          |                                                                                                                               |                     |                          |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Reach #:                                                                                           |                                     | 3.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | UTM(Zone/East/North): 9.541785.6101261                                                                                                                                                         |                          |                                     |                          | Sample Type:                                                                                                                  |                     | B                        |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Length (km): 1.87                                                                                  |                                     | Gradient (%): 17.86                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | US Elev (m): 734                                                                                                                                                                               |                          | Order: 3                            |                          | Magnitude: 4                                                                                                                  |                     |                          |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Confinement: CO                                                                                    |                                     | Coupling: CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | Open water: A                                                                                                                                                                                  |                          | BGC Zone: ICH                       |                          | Riparian Veg.: M                                                                                                              |                     | Landuse: FR              |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Islands: N                                                                                         |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                |                          |                                     |                          |                                                                                                                               |                     |                          |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| SITE                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                |                          |                                     |                          |                                                                                                                               |                     |                          |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Site #: 646                                                                                        |                                     | GIS UTM(Zone/East/North)<br>9 542990 6100603                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                |                          | Date: 2000/08/07                    |                          | Agency: C172                                                                                                                  |                     | Crew: EM/JD              |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Site Lg (m): 300                                                                                   |                                     | Ref. Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                |                          |                                     |                          |                                                                                                                               |                     |                          |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| CHANNEL                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                |                          |                                     |                          |                                                                                                                               |                     |                          |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                |                          | Avg                                 |                          | Min                                                                                                                           |                     | Max                      |                              | #                                   |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                |                          | Channel Width (m):                  |                          | 8.68                                                                                                                          |                     | 6.960                    |                              | 11.21 6                             |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                |                          | Wetted Width (m):                   |                          | 3.27                                                                                                                          |                     | 2.480                    |                              | 4.16 6                              |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                |                          | Wb Depth (m):                       |                          | 0.60                                                                                                                          |                     | 0.5                      |                              | 0.7 3                               |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                |                          |                                     |                          | Avg %                                                                                                                         |                     | Min %                    |                              | Max % #                             |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                |                          |                                     |                          | Gradient %:                                                                                                                   |                     | 14.25                    |                              | 15 16 4                             |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                |                          |                                     |                          | Pool Depth (m):                                                                                                               |                     | 0.33                     |                              | 0.230 0.460 6                       |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                     | Temp (C): 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | pH: 7.1                                                                                                                                                                                        |                          | Cond.: 60                           |                          | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                     |                          |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| MORPHOLOGY                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                |                          |                                     |                          |                                                                                                                               |                     |                          |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Bed Material: Dominant: B                                                                          |                                     | Subdom: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                          |                                     |                          |                                                                                                                               |                     |                          |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| D95: 60.00                                                                                         |                                     | D (cm): 25.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                                                                                                                |                          | O1                                  |                          | B1                                                                                                                            |                     | B2                       |                              | B3                                  |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Pattern: SI                                                                                        |                                     | Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                |                          | D1                                  |                          | D2                                                                                                                            |                     | D3                       |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Coupling: CO                                                                                       |                                     | Confinement: CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | DISTURBANCE INDICATORS                                                                                                                                                                         |                          | <input type="checkbox"/>            |                          | <input type="checkbox"/>                                                                                                      |                     | <input type="checkbox"/> |                              | <input checked="" type="checkbox"/> |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Morph: CP                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                |                          | C1                                  |                          | C2                                                                                                                            |                     | C3                       |                              | C4                                  |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                |                          | C5                                  |                          | S1                                                                                                                            |                     | S2                       |                              | S3                                  |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                |                          | S4                                  |                          | S5                                                                                                                            |                     |                          |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| COVER                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                |                          |                                     |                          |                                                                                                                               |                     |                          |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Total: A                                                                                           |                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> </thead> <tbody> <tr> <td>Amount:</td> <td>T</td> <td>D</td> <td>S</td> <td>N</td> <td>T</td> <td>T</td> <td>N</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                                     |                                                                                                                                                                                                |                          |                                     |                          |                                                                                                                               |                     | Type:                    | SWD                          | LWD                                 | B           | U | DP | OV | IV | Amount: | T | D | S | N | T | T | N | Loc: P/S/O: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FSZ: <input type="checkbox"/> |  |
| Type:                                                                                              | SWD                                 | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | B                                   | U                                                                                                                                                                                              | DP                       | OV                                  | IV                       |                                                                                                                               |                     |                          |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Amount:                                                                                            | T                                   | D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | S                                   | N                                                                                                                                                                                              | T                        | T                                   | N                        |                                                                                                                               |                     |                          |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Loc: P/S/O:                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                                                                               |                     |                          |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| LWD: F                                                                                             |                                     | DIST: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/>                                                           |                          | CROWN CLOSURE<br>2 21-40%           |                          |                                                                                                                               |                     |                          |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| RB SHP: V                                                                                          |                                     | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | RIP: C                                                                                                                                                                                         |                          | STG: YF                             |                          |                                                                                                                               |                     |                          |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| LB SHP: V                                                                                          |                                     | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | RIP: C                                                                                                                                                                                         |                          | STG: YF                             |                          |                                                                                                                               |                     |                          |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| FEATURES                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                |                          |                                     |                          |                                                                                                                               |                     |                          |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| NID Map                                                                                            | NID                                 | Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Hgt                                 | Method                                                                                                                                                                                         | Lg                       | Method                              | Photo                    |                                                                                                                               | AirPhoto            |                          | UTM (Zone/East/North/Method) |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| 103P.009                                                                                           | 88017                               | F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5.0                                 | GE                                                                                                                                                                                             | 1                        | GE                                  | R: 10                    | F: 19                                                                                                                         | L:                  | #:                       | 9                            | 542884                              | 6100693 GIS |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Comments: Barrier to upstream fish migration                                                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                |                          |                                     |                          |                                                                                                                               |                     |                          |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| FISH                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                |                          |                                     |                          |                                                                                                                               |                     |                          |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| Site Number                                                                                        | Capture Method                      | Number of Events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Total Length (m)                    | Total Time                                                                                                                                                                                     | Voltage                  | Species                             | Total Fish               | Minimum Length (mm)                                                                                                           | Maximum Length (mm) |                          |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| 646                                                                                                | EF                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 200                                 | 346 sec                                                                                                                                                                                        | 600                      | NFC                                 | 0                        |                                                                                                                               |                     |                          |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |
| 646                                                                                                | EF                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 100                                 | 117 sec                                                                                                                                                                                        | 600                      | DV                                  | 10                       | 74                                                                                                                            | 127                 |                          |                              |                                     |             |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                          |                                     |                          |                          |                                     |                          |                               |  |



# FDIS Site Card

Reach # 3.0 ILP Map # ILP # 646 Site 646

Watershed Code: 400-339200-20200-00000-0000-0000-000-000-000-000-000

| PROJECT                                                                                                                                                                                          |                                     |                                                                                                                                                                                                  |                                     |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------|--------------------------|
| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                           |                                     |                                                                                                                                                                                                  |                                     |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    | Project Code: 3476                                                                                                                       |                                                                             |                                                               |                                     |                          |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                                 |                                     |                                                                                                                                                                                                  |                                     |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| Project Watershed Code: 400-000000-00000-00000-0000-000-000-000-000-000-000                                                                                                                      |                                     |                                                                                                                                                                                                  |                                     |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| WATERSHED                                                                                                                                                                                        |                                     |                                                                                                                                                                                                  |                                     |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| Gazetted Name:                                                                                                                                                                                   |                                     |                                                                                                                                                                                                  |                                     |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    | Local Name: None                                                                                                                         |                                                                             |                                                               |                                     |                          |
| Watershed Code: 400-339200-20200-00000-0000-0000-000-000-000-000-000                                                                                                                             |                                     |                                                                                                                                                                                                  |                                     |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| ILP Map#:                                                                                                                                                                                        |                                     | ILP #:                                                                                                                                                                                           |                                     | NID Map #: 103P.009      |                                     | NID #: 60046                        |                          | Reach #: 3.0                                                                                                                                                                                   |                                                                                                    | Site #: 646                                                                                                                              |                                                                             |                                                               |                                     |                          |
| Field UTM(Zone/East/North/Method)                                                                                                                                                                |                                     |                                                                                                                                                                                                  |                                     | GIS UTM(Zone/East/North) |                                     |                                     |                          | Site Lg: 300                                                                                                                                                                                   |                                                                                                    | Method: HC                                                                                                                               |                                                                             | Access: V2                                                    |                                     |                          |
|                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                  |                                     | 9 542990 6100603         |                                     |                                     |                          | Ref. Name:                                                                                                                                                                                     |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| Date: 2000/08/07                                                                                                                                                                                 |                                     | Time: 08:30                                                                                                                                                                                      |                                     | Agency: C172             |                                     | Crew: EM/JD                         |                          | Fish Crd?: <input checked="" type="checkbox"/>                                                                                                                                                 |                                                                                                    | Incomplete: <input type="checkbox"/>                                                                                                     |                                                                             |                                                               |                                     |                          |
| CHANNEL                                                                                                                                                                                          |                                     |                                                                                                                                                                                                  |                                     |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
|                                                                                                                                                                                                  |                                     | Mtd                                                                                                                                                                                              | width                               | width                    | width                               | width                               | width                    | width                                                                                                                                                                                          | width                                                                                              | width                                                                                                                                    | width                                                                       | width                                                         | Avg                                 |                          |
| Channel Width (m):                                                                                                                                                                               |                                     | T                                                                                                                                                                                                | 10.30                               | 6.96                     | 7.81                                | 8.31                                | 11.21                    | 7.46                                                                                                                                                                                           |                                                                                                    |                                                                                                                                          |                                                                             |                                                               | 8.68                                |                          |
| Wetted Width (m):                                                                                                                                                                                |                                     | T                                                                                                                                                                                                | 3.41                                | 3.26                     | 3.51                                | 2.48                                | 2.83                     | 4.16                                                                                                                                                                                           |                                                                                                    |                                                                                                                                          |                                                                             |                                                               | 3.27                                |                          |
| Pool Depth (m):                                                                                                                                                                                  |                                     | MS                                                                                                                                                                                               | 0.23                                | 0.31                     | 0.42                                | 0.28                                | 0.29                     | 0.46                                                                                                                                                                                           |                                                                                                    |                                                                                                                                          |                                                                             |                                                               | 0.33                                |                          |
| Wb Depth:                                                                                                                                                                                        |                                     | .7                                                                                                                                                                                               | .5                                  | .6                       | Avg: 0.60                           |                                     | Method: MS               |                                                                                                                                                                                                | Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                                                                                                                          | No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/> |                                                               |                                     |                          |
|                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                  |                                     |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    |                                                                                                                                          |                                                                             | Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/> |                                     |                          |
| COVER Total: A                                                                                                                                                                                   |                                     |                                                                                                                                                                                                  |                                     |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| Type:                                                                                                                                                                                            | SWD                                 | LWD                                                                                                                                                                                              | B                                   | U                        | DP                                  | OV                                  | IV                       | CROWN CLOSURE                                                                                                                                                                                  |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| Amount:                                                                                                                                                                                          | T                                   | D                                                                                                                                                                                                | S                                   | N                        | T                                   | T                                   | N                        | 2 21-40%                                                                                                                                                                                       |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| Loc: P/S/O:                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/>                                                           |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| LWD: F                                                                                                                                                                                           |                                     | DIST: C                                                                                                                                                                                          |                                     |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| LB SHP: V                                                                                                                                                                                        |                                     | RB SHP: V                                                                                                                                                                                        |                                     |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                                     | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input checked="" type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                                     |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| RIP: C                                                                                                                                                                                           |                                     | RIP: C                                                                                                                                                                                           |                                     |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| STG: YF                                                                                                                                                                                          |                                     | STG: YF                                                                                                                                                                                          |                                     |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| WATER                                                                                                                                                                                            |                                     |                                                                                                                                                                                                  |                                     |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| EMS:                                                                                                                                                                                             |                                     |                                                                                                                                                                                                  |                                     |                          | Req #:                              |                                     |                          |                                                                                                                                                                                                |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| Temp: 10                                                                                                                                                                                         |                                     |                                                                                                                                                                                                  |                                     |                          | Method: T3                          |                                     |                          |                                                                                                                                                                                                |                                                                                                    | Cond.: 60                                                                                                                                |                                                                             |                                                               |                                     |                          |
| pH: 7.1                                                                                                                                                                                          |                                     |                                                                                                                                                                                                  |                                     |                          | Method: P2                          |                                     |                          |                                                                                                                                                                                                |                                                                                                    | Method: S4                                                                                                                               |                                                                             |                                                               |                                     |                          |
| Flood Signs: DEBRIS JAMS                                                                                                                                                                         |                                     |                                                                                                                                                                                                  |                                     |                          | Method: GE                          |                                     |                          |                                                                                                                                                                                                |                                                                                                    | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C Method: GE |                                                                             |                                                               |                                     |                          |
| MORPHOLOGY                                                                                                                                                                                       |                                     |                                                                                                                                                                                                  |                                     |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| Bed Material:                                                                                                                                                                                    |                                     | Dominant: B                                                                                                                                                                                      |                                     | Subdom: C                |                                     | O1                                  |                          | B1                                                                                                                                                                                             | B2                                                                                                 | B3                                                                                                                                       | D1                                                                          | D2                                                            | D3                                  |                          |
| D95: 60.0                                                                                                                                                                                        |                                     | D (cm): 25.00                                                                                                                                                                                    |                                     | Morph: CP                |                                     |                                     |                          | <input type="checkbox"/>                                                                                                                                                                       | <input type="checkbox"/>                                                                           | <input type="checkbox"/>                                                                                                                 | <input type="checkbox"/>                                                    | <input type="checkbox"/>                                      | <input checked="" type="checkbox"/> |                          |
| Pattern: SI                                                                                                                                                                                      |                                     |                                                                                                                                                                                                  |                                     |                          |                                     | DISTURBANCE INDICATORS              |                          | C1                                                                                                                                                                                             | C2                                                                                                 | C3                                                                                                                                       | C4                                                                          | C5                                                            | S1                                  | S2                       |
| Islands: N                                                                                                                                                                                       |                                     |                                                                                                                                                                                                  |                                     |                          |                                     |                                     |                          | <input type="checkbox"/>                                                                                                                                                                       | <input type="checkbox"/>                                                                           | <input type="checkbox"/>                                                                                                                 | <input type="checkbox"/>                                                    | <input type="checkbox"/>                                      | <input type="checkbox"/>            | <input type="checkbox"/> |
| Coupling: CO                                                                                                                                                                                     |                                     |                                                                                                                                                                                                  |                                     |                          |                                     |                                     |                          | <input type="checkbox"/>                                                                                                                                                                       | <input type="checkbox"/>                                                                           | <input type="checkbox"/>                                                                                                                 | <input type="checkbox"/>                                                    | <input type="checkbox"/>                                      | <input type="checkbox"/>            | <input type="checkbox"/> |
| Confinement: CO                                                                                                                                                                                  |                                     |                                                                                                                                                                                                  |                                     |                          |                                     |                                     |                          | <input type="checkbox"/>                                                                                                                                                                       | <input type="checkbox"/>                                                                           | <input type="checkbox"/>                                                                                                                 | <input type="checkbox"/>                                                    | <input type="checkbox"/>                                      | <input type="checkbox"/>            | <input type="checkbox"/> |
| FSZ <input type="checkbox"/>                                                                                                                                                                     |                                     |                                                                                                                                                                                                  |                                     |                          |                                     |                                     |                          | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| FEATURES                                                                                                                                                                                         |                                     |                                                                                                                                                                                                  |                                     |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| NID Map                                                                                                                                                                                          | NID                                 | Type                                                                                                                                                                                             | Hgt                                 | Method                   | Lg                                  | Method                              | Photo                    | AirPhoto                                                                                                                                                                                       | UTM (Zone/East/North/Method)                                                                       |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| 103P.009                                                                                                                                                                                         | 88017                               | F                                                                                                                                                                                                | 5.0                                 | GE                       | 1                                   | GE                                  | R: 10 F: 19 L:           | #:                                                                                                                                                                                             | 9                                                                                                  | 542884                                                                                                                                   | 6100693                                                                     | GIS                                                           |                                     |                          |
| Comments: Barrier to upstream fish migration                                                                                                                                                     |                                     |                                                                                                                                                                                                  |                                     |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| HABITAT QUALITY                                                                                                                                                                                  |                                     |                                                                                                                                                                                                  |                                     |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| Name                                                                                                                                                                                             |                                     | Comments                                                                                                                                                                                         |                                     |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| OverWinter Habitat                                                                                                                                                                               |                                     | Overwintering habitat present                                                                                                                                                                    |                                     |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| Spawning Habitat                                                                                                                                                                                 |                                     | Poor spawning habitat-high gradient                                                                                                                                                              |                                     |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| Rearing Habitat                                                                                                                                                                                  |                                     | Moderate rearing habitat-abundant cover, limited by gradient                                                                                                                                     |                                     |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| PHOTOS                                                                                                                                                                                           |                                     |                                                                                                                                                                                                  |                                     |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |
| Photo                                                                                                                                                                                            | Foc Lg                              | Dir                                                                                                                                                                                              | Comments                            |                          |                                     |                                     |                          |                                                                                                                                                                                                |                                                                                                    |                                                                                                                                          |                                                                             |                                                               |                                     |                          |

# FDIS Site Card

Reach #    ILP Map #    ILP #    Site

Watershed Code: 400-339200-20200-00000-0000-0000-000-000-000-000-000

3.0

646

| Photo     |    |    |    | Foc Lg                                   | Dir | Comments                                 |
|-----------|----|----|----|------------------------------------------|-----|------------------------------------------|
| R:        | 10 | F: | 19 | STD                                      | U   | Upstream photo of a 5 m falls            |
| R:        | 10 | F: | 20 | STD                                      | D   | Downstream photo of cascade pool habitat |
| COMMENTS  |    |    |    |                                          |     |                                          |
| Section   |    |    |    | Comments                                 |     |                                          |
| SITE CARD |    |    |    | Fish form 30549                          |     |                                          |
| CHANNEL   |    |    |    | DV captured below falls, NFC above falls |     |                                          |
| CHANNEL   |    |    |    | S2/S5                                    |     |                                          |



# FDIS Fish Form

Reach #      ILP Map #      ILP #

Watershed Code: 400-339200-20200-00000-00000-00000-000-000-000-000-000

3.0

| WATERBODY                                                    |          |        |                          |                  |            |                |                |                |         |                 |             |                                    |        |        |         |
|--------------------------------------------------------------|----------|--------|--------------------------|------------------|------------|----------------|----------------|----------------|---------|-----------------|-------------|------------------------------------|--------|--------|---------|
| Gazetted Name:                                               |          |        |                          |                  |            |                |                |                |         | Local: None     |             |                                    |        |        |         |
| Project Code: 400-000000-00000-00000-00000-000-000-000-000-0 |          |        |                          |                  |            |                |                |                |         |                 |             |                                    |        |        |         |
| WS Code: 400-339200-20200-00000-00000-000-000-000-000-000    |          |        |                          |                  |            |                |                |                |         |                 |             |                                    |        |        |         |
| Waterbody ID:                                                |          |        |                          | ILP Map #:       |            |                |                | ILP #:         |         | Reach #:        |             | 3 -                                |        |        |         |
| Project ID: 3476                                             |          |        |                          |                  |            |                |                | Lake/Stream: S |         | Lake From Date: |             |                                    |        |        |         |
| Fish Permit #:                                               |          | 25350K |                          | Date: 2000/08/07 |            | To: 2000/08/07 |                | Agency: C172   |         | Crew: EM/JD     |             | Resample: <input type="checkbox"/> |        |        |         |
| SITE / METHOD                                                |          |        |                          |                  |            |                |                |                |         |                 |             |                                    |        |        |         |
| Site#                                                        | NID Map  | NID #  | UTM:Zone/East/North/Mthd |                  |            |                | MTD/NO         | Temp           | Cond    | Turbid          | Comment     |                                    |        |        |         |
| 646                                                          | 103P.009 | 60046  |                          |                  |            |                | EF 2           | 10             | 60      | C               | Above falls |                                    |        |        |         |
| 646                                                          | 103P.009 | 60046  |                          |                  |            |                | EF 1           | 10             | 60      | C               | Below falls |                                    |        |        |         |
| A. GEAR SETTINGS                                             |          |        |                          |                  |            |                |                |                |         |                 |             |                                    |        |        |         |
| Site#                                                        | MTD/NO   | H/P    | Date In                  | Time In          | Date Out   | Time Out       | Comment        |                |         |                 |             |                                    |        |        |         |
| 646                                                          | EF 2     | 1      | 2000/08/07               | 08:55            | 2000/08/07 | 09:30          |                |                |         |                 |             |                                    |        |        |         |
| 646                                                          | EF 1     | 1      | 2000/08/07               | 08:30            | 2000/08/07 | 08:50          |                |                |         |                 |             |                                    |        |        |         |
| C. ELECTROFISHER SPECIFICATIONS                              |          |        |                          |                  |            |                |                |                |         |                 |             |                                    |        |        |         |
| Site#                                                        | MTD/NO   | H/P    | Encl                     | Sec              | Lnth       | Wdth           | Voltage        | Frequency      | Pulse   | Make            | Model       |                                    |        |        |         |
| 646                                                          | EF       | 2      | 1                        | O                | 346        | 200.0          | 2.6            | 600            | 60      | 6               | SMITH ROOT  | 12B                                |        |        |         |
| 646                                                          | EF       | 1      | 1                        | O                | 117        | 100.0          | 2.5            | 600            | 60      | 6               | SMITH ROOT  | 12B                                |        |        |         |
| FISH SUMMARY                                                 |          |        |                          |                  |            |                |                |                |         |                 |             |                                    |        |        |         |
| Site#                                                        | MTD/NO   | H/P    | Species                  | Stage            | Age        | Total #        | Lgth (Min/Max) | FishAct        | Comment |                 |             |                                    |        |        |         |
| 646                                                          | EF       | 2      | 1                        | NFC              |            | 0              |                |                |         |                 |             |                                    |        |        |         |
| 646                                                          | EF       | 1      | 1                        | DV               | J          | 10             | 74 127         | R              |         |                 |             |                                    |        |        |         |
| INDIVIDUAL FISH DATA                                         |          |        |                          |                  |            |                |                |                |         |                 |             |                                    |        |        |         |
| Site#                                                        | MTD/NO   | H/P    | Species                  | Length           | Weight     | Sex            | Mat            | Age            |         | Vch#            | Genetic     |                                    | Roll # | Frame# | Comment |
|                                                              |          |        |                          |                  |            |                |                | Str/Smpl#      | Age     |                 | Str/Smpl#   |                                    |        |        |         |
| 646                                                          | EF       | 1      | 1                        | DV               | 78         |                | U              | U              |         |                 |             |                                    |        |        |         |
| 646                                                          | EF       | 1      | 1                        | DV               | 121        |                | U              | U              |         |                 |             |                                    |        |        |         |
| 646                                                          | EF       | 1      | 1                        | DV               | 74         |                | U              | U              |         |                 |             |                                    |        |        |         |
| 646                                                          | EF       | 1      | 1                        | DV               | 80         |                | U              | U              |         |                 |             |                                    |        |        |         |
| 646                                                          | EF       | 1      | 1                        | DV               | 118        |                | U              | U              |         |                 |             |                                    |        |        |         |
| 646                                                          | EF       | 1      | 1                        | DV               | 127        |                | U              | U              |         |                 |             |                                    |        |        |         |
| 646                                                          | EF       | 1      | 1                        | DV               | 83         |                | U              | U              |         |                 |             |                                    |        |        |         |
| 646                                                          | EF       | 1      | 1                        | DV               | 96         |                | U              | U              |         |                 |             |                                    |        |        |         |
| 646                                                          | EF       | 1      | 1                        | DV               | 106        |                | U              | U              |         |                 |             |                                    |        |        |         |
| 646                                                          | EF       | 1      | 1                        | DV               | 89         |                | U              | U              |         |                 |             |                                    |        |        |         |





Site #646, Downstream photo of cascade pool habitat  
Roll #10, Frame #20. Date: 2000/08/07



Site #646, Upstream photo of a 5 m falls  
Roll #10, Frame #19, Date: 2000/08/07



## Stream Reach/Site Summary Report

Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000-000-000

| Reach # | ILP Map # | ILP # |
|---------|-----------|-------|
| 1.0     | 103P.009  | 10256 |

| <b>STREAM IDENTIFICATION</b>                                                                              |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                          |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|----|---------|---|---|---|---|---|---|---|-------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------|--|
| <b>Gazetted Name:</b>                                                                                     |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            | <b>Local Name:</b> None                                                                                                                                                                               |                                                                                       |                                                                                       |                          |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>Watershed Code:</b> 000-000000-00000-00000-0000-000-000-000-000-000                                    |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            | <b>ILP Map #:</b> 103P.009                                                                                                                                                                            |                                                                                       |                                                                                       | <b>ILP #:</b> 10256      |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>REACH</b>                                                                                              |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                          |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>Reach #:</b>                                                                                           | 1.0                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>UTM(Zone/East/North):</b> 9.544579.6101165                                                                                                                                                         |                                                                                                                                                        |                                                                            |                                                                                                                                                                                                       | <b>Sample Type:</b> B                                                                 |                                                                                       |                          |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>Length (km):</b>                                                                                       | .57                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Gradient (%):</b> 10.18                                                                                                                                                                            |                                                                                                                                                        | <b>US Elev (m):</b> 355                                                    |                                                                                                                                                                                                       | <b>Order:</b> 1                                                                       |                                                                                       | <b>Magnitude:</b> 1      |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>Confinement:</b>                                                                                       | CO                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Coupling:</b> CO                                                                                                                                                                                   |                                                                                                                                                        | <b>Open water:</b> A                                                       |                                                                                                                                                                                                       | <b>BGC Zone:</b> ICH                                                                  |                                                                                       |                          |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>Islands:</b>                                                                                           | N                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Bars:</b> <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                                                                                                                                                        | <b>Riparian Veg.:</b> M                                                    |                                                                                                                                                                                                       | <b>Landuse:</b> FR                                                                    |                                                                                       |                          |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>SITE</b>                                                                                               |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                          |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>Site #:</b> 647                                                                                        |                                                                                       | <b>GIS UTM(Zone/East/North)</b><br>9    544477    6100862                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                       |                                                                                                                                                        | <b>Date:</b> 2000/08/07                                                    |                                                                                                                                                                                                       |                                                                                       | <b>Agency:</b> C172                                                                   |                          | <b>Crew:</b> EM/JD                                                                                                                   |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>Site Lg (m):</b> 300                                                                                   |                                                                                       | <b>Ref. Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                          |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>CHANNEL</b>                                                                                            |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                          |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>No Vis.Ch.:</b> <input type="checkbox"/>                                                               |                                                                                       | <b>Intermittent:</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            | <b>Avg</b>                                                                                                                                                                                            | <b>Min</b>                                                                            | <b>Max</b>                                                                            | <b>#</b>                 |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>Dw:</b> <input type="checkbox"/>                                                                       |                                                                                       | <b>Tribs.:</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            | <b>Channel Width (m):</b>                                                                                                                                                                             | 0.75                                                                                  | 0.47                                                                                  | 1.070                    | 6                                                                                                                                    |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
|                                                                                                           |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            | <b>Wetted Width (m):</b>                                                                                                                                                                              | 0.34                                                                                  | 0.26                                                                                  | 0.460                    | 6                                                                                                                                    |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
|                                                                                                           |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            | <b>Wb Depth (m):</b>                                                                                                                                                                                  | 0.23                                                                                  | 0.2                                                                                   | 0.3                      | 3                                                                                                                                    |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
|                                                                                                           |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            | <b>Gadient %:</b>                                                                                                                                                                                     | 6.50                                                                                  | 8                                                                                     | 8                        | 4                                                                                                                                    |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
|                                                                                                           |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            | <b>Pool Depth (m):</b>                                                                                                                                                                                | 0.06                                                                                  | 0.050                                                                                 | 0.070                    | 6                                                                                                                                    |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>Stage:</b> L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                       | <b>Temp (C):</b> 10                                                                                                                                    |                                                                            | <b>pH:</b> 7.1                                                                                                                                                                                        |                                                                                       | <b>Cond.:</b> 50                                                                      |                          | <b>Turb.:</b> <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>MORPHOLOGY</b>                                                                                         |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                          |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>Bed Material:</b> Dominant: C<br><b>D95:</b> 40.00                                                     |                                                                                       | <b>Subdom:</b> R<br><b>D (cm):</b> 5.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            | <b>Bars:</b> <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                                                                                       |                                                                                       |                          |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>Pattern:</b> SI                                                                                        |                                                                                       | <b>Islands:</b> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            | O1                                                                                                                                                                                                    | B1                                                                                    | B2                                                                                    | B3                       | D1                                                                                                                                   | D2                                  | D3                       |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>Coupling:</b> CO                                                                                       |                                                                                       | <b>Confinement:</b> CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            | <input type="checkbox"/>                                                                                                                                                                              | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>Morph:</b> CP                                                                                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            | C1                                                                                                                                                                                                    | C2                                                                                    | C3                                                                                    | C4                       | C5                                                                                                                                   | S1                                  | S2                       | S3                       | S4                       | S5                       |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
|                                                                                                           |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            | <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"/> |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>COVER</b>                                                                                              |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                          |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>Total:</b> A                                                                                           |                                                                                       | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> </thead> <tbody> <tr> <td>Amount:</td> <td>T</td> <td>S</td> <td>T</td> <td>N</td> <td>N</td> <td>D</td> <td>S</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> </tbody> </table> |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                          | Type:                                                                                                                                | SWD                                 | LWD                      | B                        | U                        | DP                       | OV | IV | Amount: | T | S | T | N | N | D | S | Loc: P/S/O: | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <b>FSZ:</b> <input type="checkbox"/> |  |
| Type:                                                                                                     | SWD                                                                                   | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | B                                                                                                                                                                                                     | U                                                                                                                                                      | DP                                                                         | OV                                                                                                                                                                                                    | IV                                                                                    |                                                                                       |                          |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| Amount:                                                                                                   | T                                                                                     | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | T                                                                                                                                                                                                     | N                                                                                                                                                      | N                                                                          | D                                                                                                                                                                                                     | S                                                                                     |                                                                                       |                          |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| Loc: P/S/O:                                                                                               | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                          |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>LWD:</b> A                                                                                             |                                                                                       | <b>DIST:</b> C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                       | <b>INSTREAM VEG:</b> N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input checked="" type="checkbox"/> |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                          |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>RB SHP:</b> V                                                                                          |                                                                                       | <b>Texture:</b> <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                       | <b>RIP:</b> D                                                                                                                                          |                                                                            | <b>STG:</b> PS                                                                                                                                                                                        |                                                                                       |                                                                                       |                          |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>LB SHP:</b> V                                                                                          |                                                                                       | <b>Texture:</b> <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                       | <b>RIP:</b> D                                                                                                                                          |                                                                            | <b>STG:</b> PS                                                                                                                                                                                        |                                                                                       |                                                                                       |                          |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>FEATURES</b>                                                                                           |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                          |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>NID Map</b>                                                                                            | <b>NID</b>                                                                            | <b>Type</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Hgt</b>                                                                                                                                                                                            | <b>Method</b>                                                                                                                                          | <b>Lg</b>                                                                  | <b>Method</b>                                                                                                                                                                                         | <b>Photo</b>                                                                          |                                                                                       | <b>AirPhoto</b>          |                                                                                                                                      | <b>UTM (Zone/East/North/Method)</b> |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| 103P.009                                                                                                  | 88020                                                                                 | C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 30.0                                                                                                                                                                                                  | GE                                                                                                                                                     | 50                                                                         | GE                                                                                                                                                                                                    | <b>R:</b> 15                                                                          | <b>F:</b> 5                                                                           | <b>L:</b>                | <b>#:</b>                                                                                                                            | 9                                   | 544445    6100730    GIS |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>Comments:</b> Numerous bedrock cascades above Wilson Creek. Barrier to upstream fish migration         |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                          |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>NID Map</b>                                                                                            | <b>NID</b>                                                                            | <b>Type</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Hgt</b>                                                                                                                                                                                            | <b>Method</b>                                                                                                                                          | <b>Lg</b>                                                                  | <b>Method</b>                                                                                                                                                                                         | <b>Photo</b>                                                                          |                                                                                       | <b>AirPhoto</b>          |                                                                                                                                      | <b>UTM (Zone/East/North/Method)</b> |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| 103P.009                                                                                                  | 88019                                                                                 | C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2.0                                                                                                                                                                                                   | GE                                                                                                                                                     | 2                                                                          | GE                                                                                                                                                                                                    | <b>R:</b> 15                                                                          | <b>F:</b> 4                                                                           | <b>L:</b>                | <b>#:</b>                                                                                                                            | 9                                   | 544451    6100778    GIS |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>Comments:</b> None                                                                                     |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                          |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>NID Map</b>                                                                                            | <b>NID</b>                                                                            | <b>Type</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Hgt</b>                                                                                                                                                                                            | <b>Method</b>                                                                                                                                          | <b>Lg</b>                                                                  | <b>Method</b>                                                                                                                                                                                         | <b>Photo</b>                                                                          |                                                                                       | <b>AirPhoto</b>          |                                                                                                                                      | <b>UTM (Zone/East/North/Method)</b> |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| 103P.009                                                                                                  | 88018                                                                                 | CV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | .9                                                                                                                                                                                                    | GE                                                                                                                                                     | 15                                                                         | GE                                                                                                                                                                                                    | <b>R:</b> 15                                                                          | <b>F:</b> 1                                                                           | <b>L:</b>                | <b>#:</b>                                                                                                                            | 9                                   | 544530    6101011    GIS |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>Comments:</b> Partial barrier to fish                                                                  |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                          |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>FISH</b>                                                                                               |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                          |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |
| <b>Site Number</b>                                                                                        | <b>Capture Method</b>                                                                 | <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                       |                                                                                                                                                        |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                          |                                                                                                                                      |                                     |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                            |                                                                                       |                                                                                       |                                      |  |

February 12, 2001



## FDIS Site Card

**Watershed Code:** 000-000000-00000-00000-0000-0000-000-000-000-000-000-000

| Reach # | ILP Map # | ILP # | Site |
|---------|-----------|-------|------|
| 1.0     | 103P.009  | 10256 | 647  |

## PROJECT

[illegible]

Project Code: 3476

## WATERSHED

Gazetted Name: Local Name: None  
Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000-000

|                                   |              |                          |              |              |             |
|-----------------------------------|--------------|--------------------------|--------------|--------------|-------------|
| ILP Map #: 103P.009               | ILP #: 10256 | NID Map #: 103P.009      | NID #: 60047 | Reach #: 1.0 | Site #: 647 |
| Field UTM(Zone/East/North/Method) |              | GIS UTM(Zone/East/North) |              | Site Lg: 300 | Method: HC  |
|                                   |              | 9 544477 6100862         |              | Ref. Name:   | Access: V2  |

Date: 2000/08/07      Time: 10:00      Agency: C172      Crew: EM/JD      Fish Crd?: ☒      Incomplete: ☐

## CHANNEL

|                    | Mtd | width | width | width | width | width | width | width | width | width | width | Avg  |
|--------------------|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------|
| Channel Width (m): | MS  | 0.86  | 1.07  | 0.56  | 0.61  | 0.92  | 0.47  |       |       |       |       | 0.75 |
| Wetted Width (m):  | MS  | 0.26  | 0.43  | 0.29  | 0.31  | 0.46  | 0.32  |       |       |       |       | 0.34 |
| Pool Depth (m):    | MS  | 0.07  | 0.06  | 0.06  | 0.07  | 0.05  | 0.05  |       |       |       |       | 0.06 |

|            | Gradient % |     | Mtd | Avg  |
|------------|------------|-----|-----|------|
| Method I:  | 6.0        | 8.0 | AL  | 6.50 |
| Method II: | 5.0        | 7.0 | AL  |      |

No Vis.Ch.: ☐ Intermittent: ☐  
Dw: ☐ Tribs.: ☐

|           |    |    |    |
|-----------|----|----|----|
| Wb Depth: | .2 | .2 | .3 |
|-----------|----|----|----|

Avg: 0.23      Method: MS      Stage: L ☒ M ☐ H ☐

## COVER

Total: A

|             |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                                                            |                                                                                       |                                                                                       |
|-------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Type:       | <b>SWD</b>                                                                            | <b>LWD</b>                                                                            | <b>B</b>                                                                              | <b>U</b>                                                                   | <b>DP</b>                                                                  | <b>OV</b>                                                                             | <b>IV</b>                                                                             |
| Amount:     | T                                                                                     | S                                                                                     | T                                                                                     | N                                                                          | N                                                                          | D                                                                                     | S                                                                                     |
| Loc: P/S/O: | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

## CROWN CLOSURE

2 21-40%

INSTREAM VEG: N ☐ A ☐ M ☒ V ☒

LWD: A

**DIST: C**

LB SHP: V

Texture: ☒ F ☐ G ☐ C ☐ B ☐ R ☐ A

RIP: D

**STG: PS**

RB SHP: V

Texture: ☒ F ☐ G ☐ C ☐ B ☐ R ☐ A

RIP: D

**STG: PS**

## WATER

EMS:  
Temp: 10  
pH: 7.1  
Flood Signs: NONE

Method: T3  
Method: P2  
Method: GE

Req #:

Cond.: 50

Turb.: ☐ T ☐ M ☐ L ☒ C

Method: S4

Method: GE

## MORPHOLOGY

Bed Material: Dominant: C Subdom: R  
D95: 40.0 D (cm): 5.00 Morph: CP  
Pattern: SI  
Islands: N  
Coupling: CO  
Confinement: CO  
FSZ ☐

## DISTURBANCE INDICATORS

| O1                       | B1                                  | B2                                  | B3                       | D1                       | D2                       | D3                       |
|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

[illegible]

Bars: ☒ N ☐ SIDE ☐ DIAG ☐ MID ☐ SPAN ☐ BR

## FEATURES

| NID Map   | NID   | Type                                                                             | Hgt  | Method | Lg | Method | Photo |    |    | AirPhoto |    | UTM (Zone/East/North/Method) |    |  |   |        |         |     |
|-----------|-------|----------------------------------------------------------------------------------|------|--------|----|--------|-------|----|----|----------|----|------------------------------|----|--|---|--------|---------|-----|
| 103P.009  | 88020 | C                                                                                | 30.0 | GE     | 50 | GE     | R:    | 15 | F: | 5        | L: |                              | #: |  | 9 | 544445 | 6100730 | GIS |
| Comments: |       | Numerous bedrock cascades above Wilson Creek. Barrier to upstream fish migration |      |        |    |        |       |    |    |          |    |                              |    |  |   |        |         |     |
| NID Map   | NID   | Type                                                                             | Hgt  | Method | Lg | Method | Photo |    |    | AirPhoto |    | UTM (Zone/East/North/Method) |    |  |   |        |         |     |
| 103P.009  | 88019 | C                                                                                | 2.0  | GE     | 2  | GE     | R:    | 15 | F: | 4        | L: |                              | #: |  | 9 | 544451 | 6100778 | GIS |
| Comments: |       | None                                                                             |      |        |    |        |       |    |    |          |    |                              |    |  |   |        |         |     |
| NID Map   | NID   | Type                                                                             | Hgt  | Method | Lg | Method | Photo |    |    | AirPhoto |    | UTM (Zone/East/North/Method) |    |  |   |        |         |     |
| 103P.009  | 88018 | CV                                                                               | .9   | GE     | 15 | GE     | R:    | 15 | F: | 1        | L: |                              | #: |  | 9 | 544530 | 6101011 | GIS |
| Comments: |       | Partial barrier to fish                                                          |      |        |    |        |       |    |    |          |    |                              |    |  |   |        |         |     |



# FDIS Site Card

|                                                                 |         |           |       |      |
|-----------------------------------------------------------------|---------|-----------|-------|------|
|                                                                 | Reach # | ILP Map # | ILP # | Site |
| Watershed Code: 000-000000-00000-00000-0000-000-000-000-000-000 | 1.0     | 103P.009  | 10256 | 647  |

| HABITAT QUALITY    |    |    |   |                                                              |     |                                                            |
|--------------------|----|----|---|--------------------------------------------------------------|-----|------------------------------------------------------------|
| Name               |    |    |   | Comments                                                     |     |                                                            |
| OverWinter Habitat |    |    |   | No overwintering habitat                                     |     |                                                            |
| Spawning Habitat   |    |    |   | Poor spawning habitat-subject to low flows                   |     |                                                            |
| Rearing Habitat    |    |    |   | Poor rearing habitat-ephemeral stream choked with vegetation |     |                                                            |
| PHOTOS             |    |    |   |                                                              |     |                                                            |
| Photo              |    |    |   | Foc Lg                                                       | Dir | Comments                                                   |
| R:                 | 15 | F: | 1 | STD                                                          | U   | Upstream photo of a 900 mm culvert                         |
| R:                 | 15 | F: | 2 | STD                                                          | U   | Upstream photo of the dominant cover-overstream vegetation |
| R:                 | 15 | F: | 3 | STD                                                          | D   | Downstream photo of LWD spanning channel                   |
| R:                 | 15 | F: | 4 | STD                                                          | U   | Upstream photo of a 2 m cascade                            |
| R:                 | 15 | F: | 5 | STD                                                          | U   | Upstream photo of the lower cascades                       |
| COMMENTS           |    |    |   |                                                              |     |                                                            |
| Section            |    |    |   | Comments                                                     |     |                                                            |
| SITE CARD          |    |    |   | Fish form 30567                                              |     |                                                            |
| CHANNEL            |    |    |   | Cascades above Wilson Creek prevent upstream fish migration  |     |                                                            |
| CHANNEL            |    |    |   | S6                                                           |     |                                                            |

## FDIS Fish Form

Watershed Code:

000-000000-00000-00000-0000-0000-000-000-000-000-000-000

Reach #

ILP Map #

ILP #

1.0

103P.009

10256

| WATERBODY                       |          |                                                     |                          |                  |          |                 |                |              |             |             |               |                                    |  |
|---------------------------------|----------|-----------------------------------------------------|--------------------------|------------------|----------|-----------------|----------------|--------------|-------------|-------------|---------------|------------------------------------|--|
| Gazetted Name:                  |          |                                                     |                          |                  |          |                 |                |              | Local: None |             |               |                                    |  |
| Project Code:                   |          | 400-000000-00000-00000-0000-000-000-000-000-000-0   |                          |                  |          |                 |                |              |             |             |               |                                    |  |
| WS Code:                        |          | 000-000000-00000-00000-0000-000-000-000-000-000-000 |                          |                  |          |                 |                |              |             |             |               |                                    |  |
| Waterbody ID:                   |          | ILP Map #: 103P.009                                 |                          |                  |          | ILP #:          |                | 10256        |             | Reach #:    |               | 1 -                                |  |
| Project ID: 3476                |          | Lake/Stream: S                                      |                          |                  |          | Lake From Date: |                |              |             |             |               |                                    |  |
| Fish Permit #:                  |          | 25350K                                              |                          | Date: 2000/08/07 |          | To: 2000/08/07  |                | Agency: C172 |             | Crew: EM/JD |               | Resample: <input type="checkbox"/> |  |
| SITE / METHOD                   |          |                                                     |                          |                  |          |                 |                |              |             |             |               |                                    |  |
| Site#                           | NID Map  | NID #                                               | UTM:Zone/East/North/Mthd |                  |          | MTD/NO          | Temp           | Cond         | Turbid      | Comment     |               |                                    |  |
| 647                             | 103P.009 | 60047                                               |                          |                  |          | EF 1            | 10             | 50           | C           |             |               |                                    |  |
| A. GEAR SETTINGS                |          |                                                     |                          |                  |          |                 |                |              |             |             |               |                                    |  |
| Site#                           | MTD/NO   | H/P                                                 | Date In                  | Time In          | Date Out | Time Out        | Comment        |              |             |             |               |                                    |  |
| 647                             | EF       | 1                                                   | 1                        | 2000/08/07       | 10:00    | 2000/08/07      | 10:45          |              |             |             |               |                                    |  |
| C. ELECTROFISHER SPECIFICATIONS |          |                                                     |                          |                  |          |                 |                |              |             |             |               |                                    |  |
| Site#                           | MTD/NO   | H/P                                                 | Encl                     | Sec              | Lnth     | Width           | Voltage        | Frequency    | Pulse       | Make        | Model         |                                    |  |
| 647                             | EF       | 1                                                   | 1                        | O                | 267      | 300.0           | 0.5            | 600          | 60          | 6           | SMITH<br>ROOT | 12B                                |  |
| FISH SUMMARY                    |          |                                                     |                          |                  |          |                 |                |              |             |             |               |                                    |  |
| Site#                           | MTD/NO   | H/P                                                 | Species                  | Stage            | Age      | Total #         | Lgth (Min/Max) | FishAct      | Comment     |             |               |                                    |  |
| 647                             | EF       | 1                                                   | 1                        | NFC              |          | 0               |                |              |             |             |               |                                    |  |





Site #647, Upstream photo of a 2 m cascade  
Roll #15, Frame #4, Date: 2000/08/07



Site #647, Upstream photo of the lower cascades  
Roll #15, Frame #5, Date: 2000/08/07





Site #647, Upstream photo of a 900 mm culvert  
Roll #15, Frame #1, Date: 2000/08/07



Site #647, Upstream photo of the dominant cover-overstream vegetation  
Roll #15, Frame #2, Date: 2000/08/07





Site #647, Downstream photo of LWD spanning channel  
Roll #15, Frame #3. Date: 2000/08/07

## Stream Reach/Site Summary Report

**Watershed Code:** 000-000000-00000-00000-0000-0000-000-000-000-000-000-000

| Reach # | ILP Map # | ILP # |
|---------|-----------|-------|
| 1.0     | 103P.009  | 11905 |

| STREAM REFERENCING                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
|----------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|---------------|------|-----|-----|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------|---|------------|------|---|---|---|-----------------|------|------|-------|---|
| Gazetted Name:                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  | Local Name: None         |                                     |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Watershed Code: 000-000000-00000-00000-0000-000-000-000-000-000-000                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  | ILP Map #: 103P.009      |                                     | ILP #: 11905             |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| REACH                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Reach #: 1.0                                                                                       |                                     | UTM(Zone/East/North): 9.545357.6100938                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  | Sample Type: B           |                                     |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Length (km): .20                                                                                   |                                     | Gradient (%): 31.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | US Elev (m): 290                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | Order: 1                            |                          | Magnitude: 1                                                                                                                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Confinement: CO                                                                                    |                                     | Coupling: CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | Open water: A                                                                                                                                                                                                                                                                                                                                                                                                                    |                          | BGC Zone: ICH                       |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Islands: N                                                                                         |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | Riparian Veg.: M                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | Landuse: FR                         |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| SITE                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Site #: 648                                                                                        |                                     | GIS UTM(Zone/East/North)<br>9 : 545377 : 6100905                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | Date: 2000/08/07                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | Agency: C172                        |                          | Crew: EM/JD                                                                                                                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Site Lg (m): 300                                                                                   |                                     | Ref. Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| CHANNEL                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
|                                                                                                    |                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Avg</th> <th>Min</th> <th>Max</th> <th>#</th> </tr> </thead> <tbody> <tr> <td>Channel Width (m):</td> <td>2.41</td> <td>1.65</td> <td>3.06</td> <td>6</td> </tr> <tr> <td>Wetted Width (m):</td> <td>1.43</td> <td>1.120</td> <td>1.940</td> <td>6</td> </tr> <tr> <td>Wb Depth (m):</td> <td>0.37</td> <td>0.3</td> <td>0.4</td> <td>3</td> </tr> </tbody> </table>                                                                                                                                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     | Avg                      | Min                                                                                                                           | Max                      | #                        | Channel Width (m):       | 2.41                     | 1.65                     | 3.06                     | 6                        | Wetted Width (m):        | 1.43                     | 1.120                    | 1.940                    | 6 | Wb Depth (m): | 0.37 | 0.3 | 0.4 | 3           | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Avg %</th> <th>Min %</th> <th>Max %</th> <th>#</th> </tr> </thead> <tbody> <tr> <td>Gadient %:</td> <td>6.75</td> <td>8</td> <td>8</td> <td>4</td> </tr> <tr> <td>Pool Depth (m):</td> <td>0.18</td> <td>0.12</td> <td>0.230</td> <td>6</td> </tr> </tbody> </table> |                          |                          |                                     |                          | Avg %                               | Min %                    | Max %                         | # | Gadient %: | 6.75 | 8 | 8 | 4 | Pool Depth (m): | 0.18 | 0.12 | 0.230 | 6 |
|                                                                                                    | Avg                                 | Min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Max                      | #                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                     |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Channel Width (m):                                                                                 | 2.41                                | 1.65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3.06                     | 6                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                     |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Wetted Width (m):                                                                                  | 1.43                                | 1.120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1.940                    | 6                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                     |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Wb Depth (m):                                                                                      | 0.37                                | 0.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0.4                      | 3                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                     |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
|                                                                                                    | Avg %                               | Min %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Max %                    | #                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                     |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Gadient %:                                                                                         | 6.75                                | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8                        | 4                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                     |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Pool Depth (m):                                                                                    | 0.18                                | 0.12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0.230                    | 6                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                     |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                     | Temp (C): 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | pH: 7.1                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | Cond.: 60                           |                          | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| MORPHOLOGY                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Bed Material: Dominant: B                                                                          |                                     | Subdom: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                   |                          |                                     |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| D95: 45.00                                                                                         |                                     | D (cm): 10.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Pattern: IR                                                                                        |                                     | Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |                          |                                     |                          |                                                                                                                               |                          | <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"/> |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
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| Coupling: CO                                                                                       |                                     | Confinement: EN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | DISTURBANCE INDICATORS                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                     |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Morph: CP                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                     |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
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| COVER                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Total: A                                                                                           |                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> </thead> <tbody> <tr> <td>Amount:</td> <td>T</td> <td>S</td> <td>D</td> <td>S</td> <td>T</td> <td>T</td> <td>N</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </tbody> </table> |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                                                                                                               | Type:                    | SWD                      | LWD                      | B                        | U                        | DP                       | OV                       | IV                       | Amount:                  | T                        | S                        | D | S             | T    | T   | N   | Loc: P/S/O: | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | FSZ: <input type="checkbox"/> |   |            |      |   |   |   |                 |      |      |       |   |
| Type:                                                                                              | SWD                                 | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | B                        | U                                                                                                                                                                                                                                                                                                                                                                                                                                | DP                       | OV                                  | IV                       |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Amount:                                                                                            | T                                   | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D                        | S                                                                                                                                                                                                                                                                                                                                                                                                                                | T                        | T                                   | N                        |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Loc: P/S/O:                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| LWD: F                                                                                             |                                     | DIST: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/>                                                                                                                                                                                                                                                                                             |                          |                                     |                          | CROWN CLOSURE<br>2 21-40%                                                                                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| RB SHP: V                                                                                          |                                     | Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | RIP: C                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | STG: YF                             |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| LB SHP: V                                                                                          |                                     | Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | RIP: C                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | STG: YF                             |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| FISH                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                     |                          |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| Site Number                                                                                        | Capture Method                      | Number of Events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Total Length (m)         | Total Time                                                                                                                                                                                                                                                                                                                                                                                                                       | Voltage                  | Species                             | Total Fish               | Minimum Length (mm)                                                                                                           | Maximum Length (mm)      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |
| 648                                                                                                | EF                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 300                      | 469 sec                                                                                                                                                                                                                                                                                                                                                                                                                          | 600                      | NFC                                 | 0                        |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                          |                                     |                          |                               |   |            |      |   |   |   |                 |      |      |       |   |





FDIS Site Card

|                                                                     |                                              | Reach # | ILP Map # | ILP # | Site |
|---------------------------------------------------------------------|----------------------------------------------|---------|-----------|-------|------|
| Watershed Code: 000-000000-00000-00000-0000-000-000-000-000-000-000 |                                              | 1.0     | 103P.009  | 11905 | 648  |
| Section                                                             | Comments                                     |         |           |       |      |
| SITE CARD                                                           | Fish form 30545                              |         |           |       |      |
| CHANNEL                                                             | No barriers were observed within sample site |         |           |       |      |
| CHANNEL                                                             | S3* Stream                                   |         |           |       |      |



# FDIS Fish Form

Watershed Code:

000-000000-00000-00000-0000-0000-000-000-000-000-000

Reach #

1.0

ILP Map #

103P.009

ILP #

11905

## WATERBODY

Gazetted Name:

Local: None

Project Code: 400-000000-00000-00000-0000-0000-000-000-000-000-0

WS Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000

Waterbody ID:

ILP Map #: 103P.009

ILP #: 11905

Reach #: 1 -

Project ID: 3476

Lake/Stream: S

Lake From Date:

Fish Permit #: 25350K

Date: 2000/08/07

To: 2000/08/07

Agency: C172

Crew: EM/JD

Resample: ☐

## SITE / METHOD

| Site# | NID Map  | NID # | UTM:Zone/East/North/Mthd | MTD/NO | Temp | Cond | Turbid | Comment |
|-------|----------|-------|--------------------------|--------|------|------|--------|---------|
| 648   | 103P.009 | 60048 |                          | EF 1   | 12   | 60   | C      |         |

## A. GEAR SETTINGS

| Site# | MTD/NO | H/P | Date In    | Time In | Date Out   | Time Out | Comment |
|-------|--------|-----|------------|---------|------------|----------|---------|
| 648   | EF 1   | 1   | 2000/08/07 | 11:15   | 2000/08/07 | 12:35    |         |

## C. ELECTROFISHER SPECIFICATIONS

| Site# | MTD/NO | H/P | Encl | Sec | Lnth | Width | Voltage | Frequency | Pulse | Make | Model          |
|-------|--------|-----|------|-----|------|-------|---------|-----------|-------|------|----------------|
| 648   | EF     | 1   | 1    | O   | 469  | 300.0 | 1.9     | 600       | 60    | 6    | SMITH ROOT 12B |

## FISH SUMMARY

| Site# | MTD/NO | H/P | Species | Stage | Age | Total # | Lgth (Min/Max) | FishAct | Comment |
|-------|--------|-----|---------|-------|-----|---------|----------------|---------|---------|
| 648   | EF     | 1   | 1       | NFC   |     | 0       |                |         |         |



Site #648, Upstream photo of boulder cascade habitat  
Roll #15, Frame #6, Date: 2000/08/07



Site #648, Downstream photo of LWD jam  
Roll #15, Frame #7, Date: 2000/08/07



## Stream Reach/Site Summary Report

Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000-000

| Reach # | ILP Map # | ILP # |
|---------|-----------|-------|
| 1,0     | 103P.009  | 10285 |

| STREAM REFERENCING                                                                                 |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                       |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------|-----|--------------------|------|------|------|----|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------|-------|---|------------|------|---|---|---|-----------------|------|---|---|---|
| Gazetted Name:                                                                                     |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Local Name: None                                                           |                                                                                       |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| Watershed Code: 000-000000-00000-00000-0000-000-000-000-000-000                                    |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ILP Map #: 103P.009                                                        |                                                                                       | ILP #: 10285                                                                          |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| REACH                                                                                              |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                       |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| Reach #: 1.0                                                                                       |                                                                                       | UTM(Zone/East/North): 9.546516.6101864                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sample Type: B                                                             |                                                                                       |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| Length (km): 1.26                                                                                  |                                                                                       | Gradient (%): 5.87                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | US Elev (m): 226                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            | Order: 2                                                                              |                                                                                       | Magnitude: 3                                                                                                       |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| Confinement: CO                                                                                    |                                                                                       | Coupling: PC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            | Open water: A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            | BGC Zone: ICH                                                                         |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| Islands: N                                                                                         |                                                                                       | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            | Riparian Veg.: D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            | Landuse: FR                                                                           |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| SITE                                                                                               |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                       |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| Site #: 649                                                                                        |                                                                                       | GIS UTM(Zone/East/North)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            | Date: 2000/08/07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            | Agency: C172                                                                          |                                                                                       | Crew: EM/JD                                                                                                        |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| Site Lg (m): 100                                                                                   |                                                                                       | 9 546663 6101508                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            | Ref. Name:                                                                            |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| CHANNEL                                                                                            |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                       |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input checked="" type="checkbox"/>             |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th></th> <th>Avg</th> <th>Min</th> <th>Max</th> <th>#</th> </tr> <tr> <td>Channel Width (m):</td> <td>0.65</td> <td>0.41</td> <td>0.96</td> <td>6</td> </tr> <tr> <td>Wetted Width (m):</td> <td>0.00</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Wb Depth (m):</td> <td>0.30</td> <td>0.3</td> <td>0.3</td> <td>3</td> </tr> </table>                                                                                                       |                                                                            |                                                                                       | Avg                                                                                   | Min                                                                                                                | Max                      | #   | Channel Width (m): | 0.65 | 0.41 | 0.96 | 6  | Wetted Width (m): | 0.00                     | 0                        | 0                        | 0                        | Wb Depth (m):            | 0.30                     | 0.3                      | 0.3                      | 3                                                                                     | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th></th> <th>Avg %</th> <th>Min %</th> <th>Max %</th> <th>#</th> </tr> <tr> <td>Gadient %:</td> <td>1.63</td> <td>1</td> <td>2</td> <td>4</td> </tr> <tr> <td>Pool Depth (m):</td> <td>0.00</td> <td>0</td> <td>0</td> <td>0</td> </tr> </table> |                                                                            |                                                                                       |                                                                            |                                                                                       | Avg %                                                                                 | Min %                         | Max % | # | Gadient %: | 1.63 | 1 | 2 | 4 | Pool Depth (m): | 0.00 | 0 | 0 | 0 |
|                                                                                                    | Avg                                                                                   | Min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Max                                                                        | #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                                                                       |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| Channel Width (m):                                                                                 | 0.65                                                                                  | 0.41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0.96                                                                       | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                                                                       |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| Wetted Width (m):                                                                                  | 0.00                                                                                  | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0                                                                          | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                                                                       |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| Wb Depth (m):                                                                                      | 0.30                                                                                  | 0.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0.3                                                                        | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                                                                       |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
|                                                                                                    | Avg %                                                                                 | Min %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Max %                                                                      | #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                                                                       |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| Gadient %:                                                                                         | 1.63                                                                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2                                                                          | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                                                                       |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| Pool Depth (m):                                                                                    | 0.00                                                                                  | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0                                                                          | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                                                                       |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| Dw: <input type="checkbox"/>                                                                       |                                                                                       | Trib.: <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                       |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                                                                       | Temp (C):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            | pH:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            | Cond.:                                                                                |                                                                                       | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> C |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| MORPHOLOGY                                                                                         |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                       |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| Bed Material: Dominant: F                                                                          |                                                                                       | Subdom: G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                           |                                                                            |                                                                                       |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| D95: 15.00                                                                                         |                                                                                       | D (cm): 5.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            | <table style="width:100%; text-align: center;"> <tr> <td>O1</td><td>B1</td><td>B2</td><td>B3</td><td>D1</td><td>D2</td><td>D3</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>                                                                                                                                     |                                                                            |                                                                                       |                                                                                       |                                                                                                                    |                          | O1  | B1                 | B2   | B3   | D1   | D2 | D3                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| O1                                                                                                 | B1                                                                                    | B2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | B3                                                                         | D1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | D2                                                                         | D3                                                                                    |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| <input type="checkbox"/>                                                                           | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                   | <input type="checkbox"/>                                                              |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| Pattern: IR                                                                                        |                                                                                       | Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | DISTURBANCE INDICATORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                                       |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| Coupling: PC                                                                                       |                                                                                       | Confinement: FC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            | <table style="width:100%; text-align: center;"> <tr> <td>C1</td><td>C2</td><td>C3</td><td>C4</td><td>C5</td><td>S1</td><td>S2</td><td>S3</td><td>S4</td><td>S5</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |                                                                            |                                                                                       |                                                                                       |                                                                                                                    |                          | C1  | C2                 | C3   | C4   | C5   | S1 | S2                | S3                       | S4                       | S5                       | <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"/>                                                   |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| C1                                                                                                 | C2                                                                                    | C3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C4                                                                         | C5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | S1                                                                         | S2                                                                                    | S3                                                                                    | S4                                                                                                                 | S5                       |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| <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"/> |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| Morph: RP                                                                                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                       |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| COVER                                                                                              |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                       |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| Total: A                                                                                           |                                                                                       | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> <tr> <td>Amount:</td> <td>T</td> <td>T</td> <td>N</td> <td>T</td> <td>N</td> <td>D</td> <td>S</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> </table> |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                       |                                                                                       | Type:                                                                                                              | SWD                      | LWD | B                  | U    | DP   | OV   | IV | Amount:           | T                        | T                        | N                        | T                        | N                        | D                        | S                        | Loc: P/S/O:              | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                               | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | FSZ: <input type="checkbox"/> |       |   |            |      |   |   |   |                 |      |   |   |   |
| Type:                                                                                              | SWD                                                                                   | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | B                                                                          | U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DP                                                                         | OV                                                                                    | IV                                                                                    |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| Amount:                                                                                            | T                                                                                     | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | N                                                                          | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | N                                                                          | D                                                                                     | S                                                                                     |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| Loc: P/S/O:                                                                                        | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| LWD: F                                                                                             |                                                                                       | DIST: E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            | INSTREAM VEG: N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                       |                                                                                       | CROWN CLOSURE                                                                                                      |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| RB SHP: V                                                                                          |                                                                                       | Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | RIP: D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            | STG: PS                                                                               |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |
| LB SHP: O                                                                                          |                                                                                       | Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | RIP: D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            | STG: PS                                                                               |                                                                                       |                                                                                                                    |                          |     |                    |      |      |      |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                       |                                                                            |                                                                                       |                                                                                       |                               |       |   |            |      |   |   |   |                 |      |   |   |   |





## FDIS Site Card

|                                                                     | Reach # | ILP Map # | ILP # | Site |
|---------------------------------------------------------------------|---------|-----------|-------|------|
| Watershed Code: 000-000000-00000-00000-0000-000-000-000-000-000-000 | 1.0     | 103P.009  | 10285 | 649  |

| COMMENTS |                                                                |
|----------|----------------------------------------------------------------|
| Section  | Comments                                                       |
| CHANNEL  | No barriers were observed. Potential seasonal use by salmonids |
| CHANNEL  | S4" Stream                                                     |



Site #649, Downstream photo of a dry channel  
Roll #15, Frame #9, Date: 2000/08/07



Site #649, Upstream photo of overstream vegetation  
Roll #15, Frame #10, Date: 2000/08/07





Site #649, Upstream photo of a dry channel  
Roll #15, Frame #8, Date: 2000/08/07



Site #649, Downstream photo of overstream vegetation  
Roll #15, Frame #11, Date: 2000/08/07



# Stream Reach/Site Summary Report

Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000

Reach # 1.0 ILP Map # 103P.009 ILP # 10288

| STREAM REFERENCING                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
|----------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|---------------|------|-----|-----|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------|---|------------|------|-----|---|---|-----------------|------|-------|------|---|
| Gazetted Name:                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             | Local Name: None                    |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             | ILP Map #: 103P.009                 |                          | ILP #: 10288                        |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| REACH                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| Reach #: 1.0                                                                                       |                                     | UTM(Zone/East/North): 9.547194.6102166                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             | Sample Type: B                      |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| Length (km): 1.20                                                                                  |                                     | Gradient (%): 4.92                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | US Elev (m): 212                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | Order: 2                 |                                     | Magnitude: 2                                                                                                                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| Confinement: CO                                                                                    |                                     | Coupling: PC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | Open water: A                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | BGC Zone: ICH            |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| Islands: N                                                                                         |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | Riparian Veg.: D                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | Landuse: FR              |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| SITE                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| Site #: 650                                                                                        |                                     | GIS UTM(Zone/East/North)<br>9 : 547202: 6102053                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | Date: 2000/08/07                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | Agency: C172             |                                     | Crew: EM/JD                                                                                                                   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| Site Lg (m): 200                                                                                   |                                     | Ref. Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| CHANNEL                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                                     | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th></th> <th>Avg</th> <th>Min</th> <th>Max</th> <th>#</th> </tr> <tr> <td>Channel Width (m):</td> <td>2.95</td> <td>2.160</td> <td>4.08</td> <td>6</td> </tr> <tr> <td>Wetted Width (m):</td> <td>1.86</td> <td>1.56</td> <td>2.05</td> <td>6</td> </tr> <tr> <td>Wb Depth (m):</td> <td>0.43</td> <td>0.4</td> <td>0.5</td> <td>3</td> </tr> </table>                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          | Avg                                 | Min                                                                                                                           | Max                      | #                        | Channel Width (m):       | 2.95                     | 2.160                    | 4.08                     | 6                        | Wetted Width (m):        | 1.86                     | 1.56                     | 2.05                     | 6 | Wb Depth (m): | 0.43 | 0.4 | 0.5 | 3           | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th></th> <th>Avg %</th> <th>Min %</th> <th>Max %</th> <th>#</th> </tr> <tr> <td>Gadient %:</td> <td>1.63</td> <td>1.5</td> <td>2</td> <td>4</td> </tr> <tr> <td>Pool Depth (m):</td> <td>0.12</td> <td>0.100</td> <td>0.16</td> <td>6</td> </tr> </table> |                          |                                     |                          |                                     | Avg %                    | Min %                               | Max %                         | # | Gadient %: | 1.63 | 1.5 | 2 | 4 | Pool Depth (m): | 0.12 | 0.100 | 0.16 | 6 |
|                                                                                                    | Avg                                 | Min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Max                                 | #                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| Channel Width (m):                                                                                 | 2.95                                | 2.160                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4.08                                | 6                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| Wetted Width (m):                                                                                  | 1.86                                | 1.56                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2.05                                | 6                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| Wb Depth (m):                                                                                      | 0.43                                | 0.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0.5                                 | 3                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
|                                                                                                    | Avg %                               | Min %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Max %                               | #                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| Gadient %:                                                                                         | 1.63                                | 1.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2                                   | 4                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| Pool Depth (m):                                                                                    | 0.12                                | 0.100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0.16                                | 6                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |                                     | Temp (C): 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | pH: 7.1                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | Cond.: 50                |                                     | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| MORPHOLOGY                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| Bed Material: Dominant: G                                                                          |                                     | Subdom: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                              |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| D95: 25.00                                                                                         |                                     | D (cm): 10.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| Pattern: SI                                                                                        |                                     | Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |                                     |                          |                                     |                                                                                                                               |                          | <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"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| Coupling: DC                                                                                       |                                     | Confinement: UN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | DISTURBANCE INDICATORS                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| Morph: RP                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |                                     |                          |                                     |                                                                                                                               |                          | <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"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| COVER                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| Total: M                                                                                           |                                     | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> <tr> <td>Amount:</td> <td>T</td> <td>T</td> <td>T</td> <td>D</td> <td>N</td> <td>S</td> <td>T</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td> </tr> </table> |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                                     |                                                                                                                               | Type:                    | SWD                      | LWD                      | B                        | U                        | DP                       | OV                       | IV                       | Amount:                  | T                        | T                        | T | D             | N    | S   | T   | Loc: P/S/O: | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | FSZ: <input type="checkbox"/> |   |            |      |     |   |   |                 |      |       |      |   |
| Type:                                                                                              | SWD                                 | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | B                                   | U                                                                                                                                                                                                                                                                                                                                                                                                                                           | DP                                  | OV                       | IV                                  |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| Amount:                                                                                            | T                                   | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | T                                   | D                                                                                                                                                                                                                                                                                                                                                                                                                                           | N                                   | S                        | T                                   |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
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| LWD: N                                                                                             |                                     | DIST: NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | INSTREAM VEG: N <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                        |                                     | CROWN CLOSURE            |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| RB SHP: S                                                                                          |                                     | Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | RIP: D                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | STG: PS                  |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
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|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | 2 21-40%                 |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| FISH                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| Site Number                                                                                        | Capture Method                      | Number of Events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Total Length (m)                    | Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                  | Voltage                             | Species                  | Total Fish                          | Minimum Length (mm)                                                                                                           | Maximum Length (mm)      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |
| 650                                                                                                | EF                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 100                                 | 117 sec                                                                                                                                                                                                                                                                                                                                                                                                                                     | 600                                 | DV                       | 7                                   | 65                                                                                                                            | 126                      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |               |      |     |     |             |                                                                                                                                                                                                                                                                                                                                              |                          |                                     |                          |                                     |                          |                                     |                               |   |            |      |     |   |   |                 |      |       |      |   |



## FDIS Site Card

Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000-000

| Reach # | ILP Map # | ILP # | Site |
|---------|-----------|-------|------|
| 1.0     | 103P.009  | 10288 | 650  |

| PROJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     |                                     |                                     |                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------|-----|-------|-------|-------|-------|-------|-------|-------|-------|---------|-------|-----|--------------------|---|------|------|------|-------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------|---|------|------|------|------|------|------|--|--|--|--|------|-----------------|----|------|------|------|------|------|------|--|--|--|--|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------|-----|-----|-----------|---------|----|------|------------|---------|----|--|
| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                     |                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                                                                                    |       | Project Code: 3476                                                                                                                                                               |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                     |                                     |                                     |                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Project Watershed Code: 400-000000-00000-00000-0000-000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                     |                                     |                                     |                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| WATERSHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                     |                                     |                                     |                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Gazetted Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                                                                                    |       | Local Name: None                                                                                                                                                                 |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Watershed Code: 000-000000-00000-00000-0000-000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| ILP Map#: 103P.009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                     | ILP #: 10288                        |                                     | NID Map #: 103P.009                                                                                                                                                                                                                                                                                                                           |                                     |                                     | NID #: 60050                                                                                       |       | Reach #: 1.0                                                                                                                                                                     |                                                                                                                                              | Site #: 650                          |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Field UTM(Zone/East/North/Method)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                     |                                     | GIS UTM(Zone/East/North)            |                                                                                                                                                                                                                                                                                                                                               |                                     |                                     | Site Lg: 200                                                                                       |       |                                                                                                                                                                                  | Method: HC                                                                                                                                   |                                      | Access: V2 |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                                     | 9 547202 6102053                    |                                                                                                                                                                                                                                                                                                                                               |                                     |                                     | Ref. Name:                                                                                         |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Date: 2000/08/07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                     | Time: 13:42                         |                                     | Agency: C172                                                                                                                                                                                                                                                                                                                                  |                                     |                                     | Crew: EM/JD                                                                                        |       | Fish Crd?: <input checked="" type="checkbox"/>                                                                                                                                   |                                                                                                                                              | Incomplete: <input type="checkbox"/> |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| CHANNEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     |                                     |                                     |                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Mtd</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Channel Width (m):</td> <td>T</td> <td>2.21</td> <td>2.56</td> <td>3.42</td> <td>4.08</td> <td>2.16</td> <td>3.29</td> <td></td> <td></td> <td></td> <td></td> <td>2.95</td> </tr> <tr> <td>Wetted Width (m):</td> <td>T</td> <td>1.86</td> <td>2.01</td> <td>1.92</td> <td>1.78</td> <td>2.05</td> <td>1.56</td> <td></td> <td></td> <td></td> <td></td> <td>1.86</td> </tr> <tr> <td>Pool Depth (m):</td> <td>MS</td> <td>0.11</td> <td>0.12</td> <td>0.11</td> <td>0.10</td> <td>0.16</td> <td>0.13</td> <td></td> <td></td> <td></td> <td></td> <td>0.12</td> </tr> </tbody> </table> |                                     |                                     |                                     |                                     |                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            | Mtd | width | width | width | width | width | width | width | width | width   | width | Avg | Channel Width (m): | T | 2.21 | 2.56 | 3.42 | 4.08        | 2.16                                | 3.29                                |                                     |                                     |                          |                                     | 2.95                                | Wetted Width (m): | T | 1.86 | 2.01 | 1.92 | 1.78 | 2.05 | 1.56 |  |  |  |  | 1.86 | Pool Depth (m): | MS | 0.11 | 0.12 | 0.11 | 0.10 | 0.16 | 0.13 |  |  |  |  | 0.12 | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Gadient %</th> <th>Mtd</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Method I:</td> <td>1.5 2.0</td> <td>AL</td> <td>1.63</td> </tr> <tr> <td>Method II:</td> <td>2.0 1.0</td> <td>AL</td> <td></td> </tr> </tbody> </table> |  |  | Gadient % | Mtd | Avg | Method I: | 1.5 2.0 | AL | 1.63 | Method II: | 2.0 1.0 | AL |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mtd                                 | width                               | width                               | width                               | width                                                                                                                                                                                                                                                                                                                                         | width                               | width                               | width                                                                                              | width | width                                                                                                                                                                            | width                                                                                                                                        | Avg                                  |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Channel Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | T                                   | 2.21                                | 2.56                                | 3.42                                | 4.08                                                                                                                                                                                                                                                                                                                                          | 2.16                                | 3.29                                |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              | 2.95                                 |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Wetted Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | T                                   | 1.86                                | 2.01                                | 1.92                                | 1.78                                                                                                                                                                                                                                                                                                                                          | 2.05                                | 1.56                                |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              | 1.86                                 |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Pool Depth (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MS                                  | 0.11                                | 0.12                                | 0.11                                | 0.10                                                                                                                                                                                                                                                                                                                                          | 0.16                                | 0.13                                |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              | 0.12                                 |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Gadient %                           | Mtd                                 | Avg                                 |                                     |                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Method I:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1.5 2.0                             | AL                                  | 1.63                                |                                     |                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Method II:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2.0 1.0                             | AL                                  |                                     |                                     |                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Wb Depth: .5 .4 .4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                     | Avg: 0.43                           |                                     | Method: MS                                                                                                                                                                                                                                                                                                                                    |                                     |                                     | Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |       |                                                                                                                                                                                  | No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/><br>Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/> |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| COVER <span style="float: right;">Total: M</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                     |                                     |                                     |                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> </thead> <tbody> <tr> <td>Amount:</td> <td>T</td> <td>T</td> <td>T</td> <td>D</td> <td>N</td> <td>S</td> <td>T</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     | Type: | SWD   | LWD   | B     | U     | DP    | OV    | IV    | Amount: | T     | T   | T                  | D | N    | S    | T    | Loc: P/S/O: | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SWD                                 | LWD                                 | B                                   | U                                   | DP                                                                                                                                                                                                                                                                                                                                            | OV                                  | IV                                  |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | T                                   | T                                   | T                                   | D                                   | N                                                                                                                                                                                                                                                                                                                                             | S                                   | T                                   |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Loc: P/S/O:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| CROWN CLOSURE<br>2 21-40%<br>INSTREAM VEG: N <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                     |                                     |                                     |                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| LWD: N      DIST: NA<br>LB SHP: S      RB SHP: S<br>Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A      Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A<br>RIP: D      RIP: D<br>STG: PS      STG: PS                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                     |                                     |                                     |                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     |                                     |                                     |                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| EMS:<br>Temp: 11<br>pH: 7.1<br>Flood Signs: NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                     |                                     |                                     | Method: T3<br>Method: P2<br>Method: GE                                                                                                                                                                                                                                                                                                        |                                     |                                     |                                                                                                    |       | Req #:<br>Cond.: 50<br>Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C<br>Method: S4<br>Method: GE |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| MORPHOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                     |                                     |                                     |                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Bed Material: Dominant: G      Subdom: C<br>D95: 25.0      D (cm): 10.00      Morph: RP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     |                                     |                                     | O1 B1 B2 B3 D1 D2 D3<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                        |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Pattern: SI<br>Islands: N<br>Coupling: DC<br>Confinement: UN<br>FSZ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     | DISTURBANCE INDICATORS<br>C1 C2 C3 C4 C5 S1 S2 S3 S4 S5<br><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"/> |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| HABITAT QUALITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                                     |                                     |                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                     |                                     | Comments                                                                                                                                                                                                                                                                                                                                      |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| OverWinter Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                     |                                     |                                     | No overwintering habitat                                                                                                                                                                                                                                                                                                                      |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Rearing Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                                     |                                     | Poor rearing habitat-few pools shallow depths                                                                                                                                                                                                                                                                                                 |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Spawning Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                     |                                     |                                     | Moderate spawning habitat-abundant gravels, limited by shallow depths                                                                                                                                                                                                                                                                         |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| PHOTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                     |                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Photo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | Foc Lg                              |                                     | Dir                                 |                                                                                                                                                                                                                                                                                                                                               | Comments                            |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| R:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 15                                  | F:                                  | 12                                  | STD                                 |                                                                                                                                                                                                                                                                                                                                               | D                                   |                                     | Downstream photo of riffle habitat                                                                 |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| R:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 15                                  | F:                                  | 13                                  | STD                                 |                                                                                                                                                                                                                                                                                                                                               | U                                   |                                     | Upstream photo of instream and overstream vegetation                                               |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                                     |                                     |                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     |                                     |                                     | Comments                                                                                                                                                                                                                                                                                                                                      |                                     |                                     |                                                                                                    |       |                                                                                                                                                                                  |                                                                                                                                              |                                      |            |     |       |       |       |       |       |       |       |       |         |       |     |                    |   |      |      |      |             |                                     |                                     |                                     |                                     |                          |                                     |                                     |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |           |     |     |           |         |    |      |            |         |    |  |

FDIS Site Card

|                                                                      |                 |         |           |       |      |
|----------------------------------------------------------------------|-----------------|---------|-----------|-------|------|
|                                                                      |                 | Reach # | ILP Map # | ILP # | Site |
| Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000 |                 | 1.0     | 103P.009  | 10288 | 650  |
| Section                                                              | Comments        |         |           |       |      |
| SITE CARD                                                            | Fish form 30562 |         |           |       |      |
| CHANNEL                                                              | DV captured     |         |           |       |      |
| CHANNEL                                                              | IS3 Stream      |         |           |       |      |



## FDIS Fish Form

**Watershed Code:** 000-000000-00000-00000-0000-0000-000-000-000-000-000-000

| Reach # | ILP Map # | ILP # |
|---------|-----------|-------|
| 1.0     | 103P.009  | 10288 |

| WATERBODY                                                       |          |       |                          |                     |         |            |          |                 |           |             |               |              |     |             |        |                                    |       |
|-----------------------------------------------------------------|----------|-------|--------------------------|---------------------|---------|------------|----------|-----------------|-----------|-------------|---------------|--------------|-----|-------------|--------|------------------------------------|-------|
| Gazetted Name:                                                  |          |       |                          |                     |         |            |          |                 |           | Local: None |               |              |     |             |        |                                    |       |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-000-0 |          |       |                          |                     |         |            |          |                 |           |             |               |              |     |             |        |                                    |       |
| WS Code: 000-000000-00000-00000-0000-000-000-000-000-000-000    |          |       |                          |                     |         |            |          |                 |           |             |               |              |     |             |        |                                    |       |
| Waterbody ID:                                                   |          |       |                          | ILP Map #: 103P.009 |         |            |          | ILP #:          |           | 10288       |               | Reach #:     |     | 1 -         |        |                                    |       |
| Project ID: 3476                                                |          |       |                          | Lake/Stream: S      |         |            |          | Lake From Date: |           |             |               |              |     |             |        |                                    |       |
| Fish Permit #: 25350K                                           |          |       |                          | Date: 2000/08/07    |         |            |          | To: 2000/08/07  |           |             |               | Agency: C172 |     | Crew: EM/JD |        | Resample: <input type="checkbox"/> |       |
| SITE / METHOD                                                   |          |       |                          |                     |         |            |          |                 |           |             |               |              |     |             |        |                                    |       |
| Site#                                                           | NID Map  | NID # | UTM:Zone/East/North/Mthd |                     |         |            | MTD/NO   |                 | Temp      | Cond        | Turbid        | Comment      |     |             |        |                                    |       |
| 650                                                             | 103P.009 | 60050 |                          |                     |         |            | EF       | 1               | 11        | 50          | C             |              |     |             |        |                                    |       |
| A. GEAR SETTINGS                                                |          |       |                          |                     |         |            |          |                 |           |             |               |              |     |             |        |                                    |       |
| Site#                                                           | MTD/NO   |       | H/P                      | Date In             | Time In | Date Out   | Time Out | Comment         |           |             |               |              |     |             |        |                                    |       |
| 650                                                             | EF       | 1     | 1                        | 2000/08/07          | 13:42   | 2000/08/07 | 14:38    |                 |           |             |               |              |     |             |        |                                    |       |
| C. ELECTROFISHER SPECIFICATIONS                                 |          |       |                          |                     |         |            |          |                 |           |             |               |              |     |             |        |                                    |       |
| Site#                                                           | MTD/NO   |       | H/P                      | Encl                | Sec     | Lnth       | Wdth     | Voltage         | Frequency | Pulse       | Make          | Model        |     |             |        |                                    |       |
| 650                                                             | EF       | 1     | 1                        | O                   | 117     | 100.0      | 2.0      | 600             | 60        | 6           | SMITH<br>ROOT | 12B          |     |             |        |                                    |       |
| FISH SUMMARY                                                    |          |       |                          |                     |         |            |          |                 |           |             |               |              |     |             |        |                                    |       |
| Site#                                                           | MTD/NO   |       | H/P                      | Species             | Stage   | Age        | Total #  | Lgth (Min/Max)  |           | FishAct     | Comment       |              |     |             |        |                                    |       |
| 650                                                             | EF       | 1     | 1                        | DV                  | J       |            | 7        | 65              | 126       | R           |               |              |     |             |        |                                    |       |
| INDIVIDUAL FISH DATA                                            |          |       |                          |                     |         |            |          |                 |           |             |               |              |     |             |        |                                    |       |
| Site#                                                           | MTD/NO   |       | H/P                      | Species             | Length  | Weight     | Sex      | Mat             | Age       |             | Vch#          | Genetic      |     | Roll #      | Frame# | Comment                            |       |
|                                                                 |          |       |                          |                     |         |            |          |                 | Str       | Smpl#       |               | Age          | Str |             |        |                                    | Smpl# |
| 650                                                             | EF       | 1     | 1                        | DV                  | 75      |            | U        | U               |           |             |               |              |     |             |        |                                    |       |
| 650                                                             | EF       | 1     | 1                        | DV                  | 87      |            | U        | U               |           |             |               |              |     |             |        |                                    |       |
| 650                                                             | EF       | 1     | 1                        | DV                  | 126     |            | U        | U               |           |             |               |              |     |             |        |                                    |       |
| 650                                                             | EF       | 1     | 1                        | DV                  | 108     |            | U        | U               |           |             |               |              |     |             |        |                                    |       |
| 650                                                             | EF       | 1     | 1                        | DV                  | 116     |            | U        | U               |           |             |               |              |     |             |        |                                    |       |
| 650                                                             | EF       | 1     | 1                        | DV                  | 65      |            | U        | U               |           |             |               |              |     |             |        |                                    |       |
| 650                                                             | EF       | 1     | 1                        | DV                  | 68      |            | U        | U               |           |             |               |              |     |             |        |                                    |       |





Site #650, Upstream photo of instream and overstream vegetation  
Roll #15, Frame #13, Date: 2000/08/07



Site #650, Downstream photo of riffle habitat  
Roll #15, Frame #12, Date: 2000/08/07





Site #650, Upstream photo of instream and overstream vegetation  
Roll #15, Frame #13, Date: 2000/08/07



Site #650, Downstream photo of riffle habitat  
Roll #15, Frame #12, Date: 2000/08/07



# Stream Reach/Site Summary Report

Reach # ILP Map # ILP #

Watershed Code: 400-362300-67500-35100-0000-0000-000-000-000-000-000

2.0

| STREAM REFERENCING                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
|----------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------|---------|-----|--------------------|-------|----|----|----|-------------------|------|---|---|---|---------------|------|-----|-------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------|-------|---|------------|-------|----|----|---|-----------------|------|-----|-------|---|
| Gazetted Name:                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     | Local Name: None                    |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| Watershed Code: 400-362300-67500-35100-0000-0000-000-000-000-000-000                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     | ILP Map #:                          |                                                                                                                               |                              | ILP #:        |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| REACH                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| Reach #:                                                                                           |                                     | 2.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | UTM(Zone/East/North): 9.553340.6113829                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                     |                                     | Sample Type: B                                                                                                                |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| Length (km): 1.84                                                                                  |                                     | Gradient (%): 11.58                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | US Elev (m): 940                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                     |                                     | Order: 4                                                                                                                      |                              | Magnitude: 22 |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| Confinement: CO                                                                                    |                                     | Coupling: CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | Open water: A                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                     |                                     | BGC Zone: ESSF                                                                                                                |                              | Landuse: NO   |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| Islands: N                                                                                         |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | Riparian Veg.: M                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                     |                                     |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| SITE                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| Site #: 701                                                                                        |                                     | GIS UTM(Zone/East/North)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | Date: 2000/08/04                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | Agency: C172                        |                                     | Crew: JH/KT                                                                                                                   |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| Site Lg (m): 500                                                                                   |                                     | 9 554589 6114239                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | Ref. Name:                          |                                     |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| CHANNEL                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                                     | Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Avg</th> <th>Min</th> <th>Max</th> <th>#</th> </tr> </thead> <tbody> <tr> <td>Channel Width (m):</td> <td>10.08</td> <td>9</td> <td>12</td> <td>6</td> </tr> <tr> <td>Wetted Width (m):</td> <td>6.33</td> <td>5</td> <td>7</td> <td>6</td> </tr> <tr> <td>Wb Depth (m):</td> <td>1.33</td> <td>1.2</td> <td>1.5</td> <td>3</td> </tr> </tbody> </table> |                                     |                                     |                                     |                                                                                                                               | Avg                          | Min           | Max     | #   | Channel Width (m): | 10.08 | 9  | 12 | 6  | Wetted Width (m): | 6.33 | 5 | 7 | 6 | Wb Depth (m): | 1.33 | 1.2 | 1.5         | 3                                   | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Avg %</th> <th>Min %</th> <th>Max %</th> <th>#</th> </tr> </thead> <tbody> <tr> <td>Gadient %:</td> <td>12.75</td> <td>12</td> <td>14</td> <td>4</td> </tr> <tr> <td>Pool Depth (m):</td> <td>0.90</td> <td>0.5</td> <td>1.200</td> <td>6</td> </tr> </tbody> </table> |                                     |                                     |                                     |                                     | Avg %                               | Min %                         | Max % | # | Gadient %: | 12.75 | 12 | 14 | 4 | Pool Depth (m): | 0.90 | 0.5 | 1.200 | 6 |
|                                                                                                    | Avg                                 | Min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Max                                 | #                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| Channel Width (m):                                                                                 | 10.08                               | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 12                                  | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| Wetted Width (m):                                                                                  | 6.33                                | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7                                   | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| Wb Depth (m):                                                                                      | 1.33                                | 1.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1.5                                 | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
|                                                                                                    | Avg %                               | Min %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Max %                               | #                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| Gadient %:                                                                                         | 12.75                               | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 14                                  | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| Pool Depth (m):                                                                                    | 0.90                                | 0.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1.200                               | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |                                     | Temp (C): 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | pH: 6.8                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | Cond.: 90                           |                                     | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input checked="" type="checkbox"/> L <input type="checkbox"/> C |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| MORPHOLOGY                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| Bed Material: Dominant: C                                                                          |                                     | Subdom: G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | Bars: <input type="checkbox"/> N <input checked="" type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                        |                                     |                                     |                                     |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| D95: 100.00                                                                                        |                                     | D (cm): 30.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                     |                                     |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| Pattern: SI                                                                                        |                                     | Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | DISTURBANCE INDICATORS                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| Coupling: PC                                                                                       |                                     | Confinement: FC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                     |                                     |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| Morph: CP                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| COVER                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| Total: A                                                                                           |                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> </thead> <tbody> <tr> <td>Amount:</td> <td>T</td> <td>T</td> <td>T</td> <td>N</td> <td>D</td> <td>S</td> <td>S</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table> |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                                                                                                               |                              | Type:         | SWD     | LWD | B                  | U     | DP | OV | IV | Amount:           | T    | T | T | N | D             | S    | S   | Loc: P/S/O: | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | FSZ: <input type="checkbox"/> |       |   |            |       |    |    |   |                 |      |     |       |   |
| Type:                                                                                              | SWD                                 | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | B                                   | U                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DP                                  | OV                                  | IV                                  |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| Amount:                                                                                            | T                                   | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | T                                   | N                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D                                   | S                                   | S                                   |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| Loc: P/S/O:                                                                                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| LWD: F                                                                                             |                                     | DIST: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | INSTREAM VEG: N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |                                     | CROWN CLOSURE                       |                                     | 1 1-20%                                                                                                                       |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| RB SHP: V                                                                                          |                                     | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | RIP: M                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | STG: MF                             |                                     |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| LB SHP: V                                                                                          |                                     | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | RIP: M                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | STG: MF                             |                                     |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| FEATURES                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| NID Map                                                                                            | NID                                 | Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Hgt                                 | Method                                                                                                                                                                                                                                                                                                                                                                                                                                                | Lg                                  | Method                              | Photo                               | AirPhoto                                                                                                                      | UTM (Zone/East/North/Method) |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| 103P.020                                                                                           | 70701                               | C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 40.0                                | T                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 30                                  | T                                   | R: 9 F: 5 L:                        | #:                                                                                                                            | 9                            | 554572        | 6114231 | GIS |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |
| Comments: End of fish use. Contains 2.5 m falls                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                                                                                                               |                              |               |         |     |                    |       |    |    |    |                   |      |   |   |   |               |      |     |             |                                     |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                     |                               |       |   |            |       |    |    |   |                 |      |     |       |   |



# FDIS Site Card

Watershed Code: 400-362300-67500-35100-0000-0000-000-000-000-000-000

Reach # 2.0 ILP Map # ILP # 701 Site 701

## PROJECT

Project Name: Mill Area 1:20K Stream Inventory Project  
Stream Name (gaz.): SKEENA RIVER  
Project Watershed Code: 400-000000-00000-00000-0000-000-000-000-000-000-000  
Project Code: 3476

## WATERSHED

Gazetted Name: Local Name: None  
Watershed Code: 400-362300-67500-35100-0000-0000-000-000-000-000-000  
ILP Map #: ILP #: NID Map #: 103P.020 NID #: 70501 Reach #: 2.0 Site #: 701  
Field UTM(Zone/East/North/Method) GIS UTM(Zone/East/North) Site Lg: 500 Method: HC Access: H  
9 554589 6114239 Ref. Name:  
Date: 2000/08/04 Time: 08:50 Agency: C172 Crew: JH/KT Fish Crd?: ☒ Incomplete: ☐

## CHANNEL

|                    | Mtd | width | width | width | width | width | width | width | width | width | width | Avg   |            | Gadient % | Mtd  | Avg      |
|--------------------|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------------|-----------|------|----------|
| Channel Width (m): | T   | 9.00  | 9.50  | 11.00 | 12.00 | 10.00 | 9.00  |       |       |       |       | 10.08 | Method I:  | 12.0      | 14.0 | AL 12.75 |
| Wetted Width (m):  | T   | 6.00  | 7.00  | 5.00  | 6.00  | 7.00  | 7.00  |       |       |       |       | 6.33  | Method II: | 13.0      | 12.0 | AL       |
| Pool Depth (m):    | MS  | 0.80  | 1.10  | 1.20  | 0.90  | 0.50  | 0.90  |       |       |       |       | 0.90  |            |           |      |          |

Wb Depth: 1.2 1.5 1.3 Avg: 1.33 Method: T Stage: L ☐ M ☒ H ☐ No Vis.Ch.: ☐ Intermittent: ☐ Dw: ☐ Tribs.: ☐

### COVER

Total: A

| Type:       | SWD                                 | LWD                                 | B                                   | U                                   | DP                                  | OV                                  | IV                                  |
|-------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Amount:     | T                                   | T                                   | T                                   | N                                   | D                                   | S                                   | S                                   |
| Loc: P/S/O: | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

### CROWN CLOSURE

1 1-20%

INSTREAM VEG: N ☐ A ☐ M ☒ V ☐

LWD: F

DIST: C

LB SHP: V

Texture: ☐ F ☒ G ☐ C ☐ B ☐ R ☐ A

RIP: M

STG: MF

RB SHP: V

Texture: ☐ F ☒ G ☐ C ☐ B ☐ R ☐ A

RIP: M

STG: MF

## WATER

EMS: Temp: 9 Method: T3 Req #: Cond.: 90 Method: S4  
pH: 6.8 Method: P2 Turb.: ☐ T ☐ M ☒ L ☐ C Method: GE  
Flood Signs: RAFTED DEBRIS Method: GE

## MORPHOLOGY

Bed Material: Dominant: C Subdom: G O1 B1 B2 B3 D1 D2 D3  
D95: 100.0 D (cm): 30.00 Morph: CP DISTURBANCE INDICATORS  
Pattern: SI C1 C2 C3 C4 C5 S1 S2 S3 S4 S5  
Islands: N  
Coupling: PC  
Confinement: FC  
FSZ ☐  
Bars: ☐ N ☒ SIDE ☐ DIAG ☐ MID ☐ SPAN ☐ BR

## FEATURES

| NID Map  | NID   | Type | Hgt  | Method | Lg | Method | Photo           | AirPhoto | UTM (Zone/East/North/Method) |
|----------|-------|------|------|--------|----|--------|-----------------|----------|------------------------------|
| 103P.020 | 70701 | C    | 40.0 | T      | 30 | T      | R: 9 F: 5 L: #: |          | 9 554572 6114231 GIS         |

Comments: End of fish use. Contains 2.5 m falls

## HABITAT QUALITY

| Name               | Comments                                                                                   |
|--------------------|--------------------------------------------------------------------------------------------|
| OverWinter Habitat | Overwintering habitat present in the form of deep pools                                    |
| Spawning Habitat   | High value spawning habitat-adequate spawning gravels and water depth                      |
| Rearing Habitat    | High value salmonid rearing habitat-cover (LWD, boulders), complexity, and perennial flows |

## PHOTOS

| Photo | Foc Lg | Dir | Comments |
|-------|--------|-----|----------|
|-------|--------|-----|----------|

# FDIS Site Card

|                                                                      |             |           |       |          |
|----------------------------------------------------------------------|-------------|-----------|-------|----------|
| Watershed Code: 400-362300-67500-35100-0000-0000-000-000-000-000-000 | Reach # 2.0 | ILP Map # | ILP # | Site 701 |
|----------------------------------------------------------------------|-------------|-----------|-------|----------|

| Photo     |   |    |   | Foc Lg                                                                                                | Dir | Comments                                                              |
|-----------|---|----|---|-------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------|
| R:        | 9 | F: | 3 | STD                                                                                                   | U   | Upstream photo of the representative habitat within the site          |
| R:        | 9 | F: | 4 | STD                                                                                                   | D   | Downstream photo of the representative habitat within the site        |
| R:        | 9 | F: | 5 | STD                                                                                                   | U   | Upstream photo of a 40 m cascades. Barrier to upstream fish migration |
| COMMENTS  |   |    |   |                                                                                                       |     |                                                                       |
| Section   |   |    |   | Comments                                                                                              |     |                                                                       |
| SITE CARD |   |    |   | Fish form 16484                                                                                       |     |                                                                       |
| CHANNEL   |   |    |   | DV captured below the cascades. NFC above the cascades. The cascades prevent upstream fish migration. |     |                                                                       |
| CHANNEL   |   |    |   | S2/S5 Stream                                                                                          |     |                                                                       |



# FDIS Fish Form

Reach # ILP Map # ILP #

Watershed Code: 400-362300-67500-35100-0000-0000-000-000-000-000-000

2.0

| WATERBODY                                                     |          |        |                          |                  |                |                |          |                |           |                 |                    |                                    |        |        |         |
|---------------------------------------------------------------|----------|--------|--------------------------|------------------|----------------|----------------|----------|----------------|-----------|-----------------|--------------------|------------------------------------|--------|--------|---------|
| Gazetted Name:                                                |          |        |                          |                  |                |                |          |                |           | Local: None     |                    |                                    |        |        |         |
| Project Code: 400-000000-00000-00000-0000-0000-000-000-000-0  |          |        |                          |                  |                |                |          |                |           |                 |                    |                                    |        |        |         |
| WS Code: 400-362300-67500-35100-0000-0000-000-000-000-000-000 |          |        |                          |                  |                |                |          |                |           |                 |                    |                                    |        |        |         |
| Waterbody ID:                                                 |          |        |                          |                  | ILP Map #:     |                |          |                |           | ILP #:          |                    | Reach #: 2 -                       |        |        |         |
| Project ID: 3476                                              |          |        |                          |                  | Lake/Stream: S |                |          |                |           | Lake From Date: |                    |                                    |        |        |         |
| Fish Permit #:                                                |          | 25350K |                          | Date: 2000/08/04 |                | To: 2000/08/04 |          | Agency: C172   |           | Crew: JH/KT     |                    | Resample: <input type="checkbox"/> |        |        |         |
| SITE / METHOD                                                 |          |        |                          |                  |                |                |          |                |           |                 |                    |                                    |        |        |         |
| Site#                                                         | NID Map  | NID #  | UTM:Zone/East/North/Mthd |                  |                | MTD/NO         |          | Temp           | Cond      | Turbid          | Comment            |                                    |        |        |         |
| 702                                                           | 103P.020 | 70502  |                          |                  |                | EF             | 1        | 9              | 90        | L               | Above the cascades |                                    |        |        |         |
| 701                                                           | 103P.020 | 70501  |                          |                  |                | EF             | 1        | 9              | 90        | L               | Below the cascades |                                    |        |        |         |
| A. GEAR SETTINGS                                              |          |        |                          |                  |                |                |          |                |           |                 |                    |                                    |        |        |         |
| Site#                                                         | MTD/NO   |        | H/P                      | Date In          | Time In        | Date Out       | Time Out | Comment        |           |                 |                    |                                    |        |        |         |
| 702                                                           | EF 1     |        | 1                        | 2000/08/04       | 09:15          | 2000/08/04     | 09:50    |                |           |                 |                    |                                    |        |        |         |
| 701                                                           | EF 1     |        | 1                        | 2000/08/04       | 08:30          | 2000/08/04     | 09:00    |                |           |                 |                    |                                    |        |        |         |
| C. ELECTROFISHER SPECIFICATIONS                               |          |        |                          |                  |                |                |          |                |           |                 |                    |                                    |        |        |         |
| Site#                                                         | MTD/NO   |        | H/P                      | Encl             | Sec            | Lnth           | Width    | Voltage        | Frequency | Pulse           | Make               | Model                              |        |        |         |
| 702                                                           | EF 1     |        | 1                        | O                | 450            | 400.0          | 10.0     | 600            | 60        | 6               | SMITH<br>ROOT      | 12B                                |        |        |         |
| 701                                                           | EF 1     |        | 1                        | O                | 398            | 500.0          | 10.0     | 600            | 60        | 6               | SMITH<br>ROOT      | 12B                                |        |        |         |
| FISH SUMMARY                                                  |          |        |                          |                  |                |                |          |                |           |                 |                    |                                    |        |        |         |
| Site#                                                         | MTD/NO   |        | H/P                      | Species          | Stage          | Age            | Total #  | Lgth (Min/Max) |           | FishAct         | Comment            |                                    |        |        |         |
| 702                                                           | EF 1     |        | 1                        | NFC              |                |                | 0        |                |           |                 |                    |                                    |        |        |         |
| 701                                                           | EF 1     |        | 1                        | DV               | A              | 3+             | 4        | 110            | 175       | R               |                    |                                    |        |        |         |
| INDIVIDUAL FISH DATA                                          |          |        |                          |                  |                |                |          |                |           |                 |                    |                                    |        |        |         |
| Site#                                                         | MTD/NO   | H/P    | Species                  | Length           | Weight         | Sex            | Mat      | Age            |           | Vch#            | Genetic            |                                    | Roll # | Frame# | Comment |
|                                                               |          |        |                          |                  |                |                |          | Str/Smpl#      | Age       |                 | Str/Smpl#          |                                    |        |        |         |
| 701                                                           | EF       | 1      | 1                        | DV               | 110            |                | U        | U              |           |                 |                    |                                    |        |        |         |
| 701                                                           | EF       | 1      | 1                        | DV               | 175            |                | U        | U              |           |                 |                    |                                    |        |        |         |
| 701                                                           | EF       | 1      | 1                        | DV               | 150            |                | U        | U              |           |                 |                    |                                    |        |        |         |
| 701                                                           | EF       | 1      | 1                        | DV               | 160            |                | U        | U              |           |                 |                    |                                    |        |        |         |





Site #701, Upstream photo of the representative habitat within the site  
Roll #9, Frame #3. Date: 2000/08/04



Site #701, Downstream photo of the representative habitat within the site  
Roll #9, Frame #4. Date: 2000/08/04





Site #701, Upstream photo of a 40 m cascades. Barrier to upstream fish migration  
Roll #9, Frame #5, Date: 2000/08/04

# Stream Reach/Site Summary Report

Reach # ILP Map # ILP #

Watershed Code: 400-362300-67500-35100-0000-0000-000-000-000-000-000

2.0

| SITE                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
|-----------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------|------|---|---|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------|------------|------|---|----|---|-----------------|------|-----|------|---|
| Site #: 702<br>Site Lg (m): 400                                             |                                     | GIS UTM(Zone/East/North)<br>9 554447 6114182                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | Date: 2000/08/04                                                                                                                                                                                                                                                                                                                                                                                            |                                     | Agency: C172<br>Ref. Name:                                                                                                    |                          | Crew: JH/KT              |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| CHANNEL                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/> |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | <table border="1" style="font-size: small;"> <tr><th>Avg</th><th>Min</th><th>Max</th><th>#</th></tr> <tr><td>Channel Width (m):</td><td>8.50</td><td>7</td><td>11</td><td>6</td></tr> <tr><td>Wetted Width (m):</td><td>5.67</td><td>5</td><td>6</td><td>6</td></tr> <tr><td>Wb Depth (m):</td><td>1.00</td><td>1</td><td>1</td><td>3</td></tr> </table>                                                    |                                     | Avg                                                                                                                           | Min                      | Max                      | #                        | Channel Width (m):       | 8.50                     | 7                        | 11                       | 6                        | Wetted Width (m):        | 5.67                     | 5                        | 6                        | 6                        | Wb Depth (m): | 1.00 | 1 | 1 | 3           | <table border="1" style="font-size: small;"> <tr><th>Avg %</th><th>Min %</th><th>Max %</th><th>#</th></tr> <tr><td>Gadient %:</td><td>9.75</td><td>9</td><td>11</td><td>4</td></tr> <tr><td>Pool Depth (m):</td><td>0.63</td><td>0.5</td><td>0.75</td><td>6</td></tr> </table> |                                     |                                     |                                     | Avg %                               | Min %                    | Max %                    | #                             | Gadient %: | 9.75 | 9 | 11 | 4 | Pool Depth (m): | 0.63 | 0.5 | 0.75 | 6 |
| Avg                                                                         | Min                                 | Max                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | #                                   |                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| Channel Width (m):                                                          | 8.50                                | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11                                  | 6                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| Wetted Width (m):                                                           | 5.67                                | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 6                                   | 6                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| Wb Depth (m):                                                               | 1.00                                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1                                   | 3                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| Avg %                                                                       | Min %                               | Max %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | #                                   |                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| Gadient %:                                                                  | 9.75                                | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11                                  | 4                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| Pool Depth (m):                                                             | 0.63                                | 0.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0.75                                | 6                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/>                                                                                                                                                                                                                                                                                                          |                                     | Temp (C): 9                                                                                                                   |                          | pH: 6.8                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
|                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | Cond.: 90                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input checked="" type="checkbox"/> L <input type="checkbox"/> C |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| MORPHOLOGY                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| Bed Material: Dominant: C                                                   |                                     | Subdom: G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | Bars: <input type="checkbox"/> N <input checked="" type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                              |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| D95: 100.00                                                                 |                                     | D (cm): 30.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| Pattern: SI                                                                 |                                     | Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | <table border="1" style="font-size: x-small;"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> |                                     |                                                                                                                               |                          |                          |                          | <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"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| Coupling: CO                                                                |                                     | Confinement: FC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | DISTURBANCE INDICATORS                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| Morph: CP                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | <table border="1" style="font-size: x-small;"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> |                                     |                                                                                                                               |                          |                          |                          | <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"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| COVER                                                                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| Total: A                                                                    |                                     | <table border="1" style="font-size: x-small;"> <tr><th>Type:</th><th>SWD</th><th>LWD</th><th>B</th><th>U</th><th>DP</th><th>OV</th><th>IV</th></tr> <tr><td>Amount:</td><td>T</td><td>S</td><td>T</td><td>T</td><td>D</td><td>N</td><td>N</td></tr> <tr><td>Loc: P/S/O:</td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> |                                     |                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                               |                          | Type:                    | SWD                      | LWD                      | B                        | U                        | DP                       | OV                       | IV                       | Amount:                  | T                        | S                        | T                        | T             | D    | N | N | Loc: P/S/O: | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FSZ: <input type="checkbox"/> |            |      |   |    |   |                 |      |     |      |   |
| Type:                                                                       | SWD                                 | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | B                                   | U                                                                                                                                                                                                                                                                                                                                                                                                           | DP                                  | OV                                                                                                                            | IV                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| Amount:                                                                     | T                                   | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | T                                   | T                                                                                                                                                                                                                                                                                                                                                                                                           | D                                   | N                                                                                                                             | N                        |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| Loc: P/S/O:                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                      | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| LWD: F                                                                      |                                     | DIST: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/>                                                                                                                                                                                                                                                                        |                                     |                                                                                                                               |                          | CROWN CLOSURE            |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| RB SHP: V                                                                   |                                     | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | RIP: M                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | STG: MF                                                                                                                       |                          | 2 21-40%                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| LB SHP: V                                                                   |                                     | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | RIP: M                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | STG: MF                                                                                                                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| FISH                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| Site Number                                                                 | Capture Method                      | Number of Events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Total Length (m)                    | Total Time                                                                                                                                                                                                                                                                                                                                                                                                  | Voltage                             | Species                                                                                                                       | Total Fish               | Minimum Length (mm)      | Maximum Length (mm)      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| 701                                                                         | EF                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 500                                 | 398 sec                                                                                                                                                                                                                                                                                                                                                                                                     | 600                                 | DV                                                                                                                            | 4                        | 110                      | 175                      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |
| 702                                                                         | EF                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 400                                 | 450 sec                                                                                                                                                                                                                                                                                                                                                                                                     | 600                                 | NFC                                                                                                                           | 0                        |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |               |      |   |   |             |                                                                                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                          |                          |                               |            |      |   |    |   |                 |      |     |      |   |



# FDIS Site Card

Watershed Code: 400-362300-67500-35100-0000-0000-000-000-000-000-000

Reach # 2.0 ILP Map # ILP # Site 702

| PROJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                     |                                     |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|----------------------------------------|--------------------------|--------------------------|------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------|-----------|-------|-------|-----------------------------------|-------|-------|-------|-------|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|------|------|------|------|------|--|--|--|--|------|-----------------|----|------|------|------|------|------|------|--|--|--|--|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|-----------|-----|-----|-----------|-----|-----|----|------------|------|------|----|
| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            |                                     |                                     |                                     |                                        |                          |                          |                                                            |                          | Project Code: 3476                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |                                     |                                     |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| Project Watershed Code: 400-000000-00000-00000-0000-000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                     |                                     |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| WATERSHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                     |                                     |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| Gazetted Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                     |                                     |                                     |                                        |                          |                          |                                                            |                          | Local Name: None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| Watershed Code: 400-362300-67500-35100-0000-0000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                     |                                     |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| ILP Map#:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | ILP #:                              |                                     | NID Map #: 103P.020                 |                                        |                          | NID #: 70502             |                                                            |                          | Reach #: 2.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 | Site #: 702                                                                                        |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| Field UTM(Zone/East/North/Method)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                     |                                     | GIS UTM(Zone/East/North)            |                                        |                          |                          | Site Lg: 400                                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Method: HC      |                                                                                                    | Access: H |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| 9 554447 6114182                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |                                     |                                     |                                     |                                        |                          |                          | Ref. Name:                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| Date: 2000/08/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            | Time: 09:30                         |                                     | Agency: C172                        |                                        |                          | Crew: JH/KT              |                                                            |                          | Fish Crd?: <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 | Incomplete: <input type="checkbox"/>                                                               |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| CHANNEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                     |                                     |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Mtd</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Channel Width (m):</td> <td>T</td> <td>7.00</td> <td>8.00</td> <td>11.00</td> <td>8.00</td> <td>9.00</td> <td>8.00</td> <td></td> <td></td> <td></td> <td></td> <td>8.50</td> </tr> <tr> <td>Wetted Width (m):</td> <td>T</td> <td>6.00</td> <td>5.00</td> <td>6.00</td> <td>5.00</td> <td>6.00</td> <td>6.00</td> <td></td> <td></td> <td></td> <td></td> <td>5.67</td> </tr> <tr> <td>Pool Depth (m):</td> <td>MS</td> <td>0.50</td> <td>0.60</td> <td>0.75</td> <td>0.60</td> <td>0.60</td> <td>0.75</td> <td></td> <td></td> <td></td> <td></td> <td>0.63</td> </tr> </tbody> </table>                                                                                              |                                                                            |                                     |                                     |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mtd             | width                                                                                              | width     | width | width | width                             | width | width | width | width | width | Avg                      | Channel Width (m):       | T                        | 7.00                     | 8.00                     | 11.00                    | 8.00                     | 9.00                     | 8.00                     |                          |                                     |                                     |                                     | 8.50                                | Wetted Width (m):                   | T                        | 6.00                     | 5.00 | 6.00 | 5.00 | 6.00 | 6.00 |  |  |  |  | 5.67 | Pool Depth (m): | MS | 0.50 | 0.60 | 0.75 | 0.60 | 0.60 | 0.75 |  |  |  |  | 0.63 | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Gadient %</th> <th>Mtd</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Method I:</td> <td>9.0</td> <td>9.0</td> <td>AL</td> </tr> <tr> <td>Method II:</td> <td>10.0</td> <td>11.0</td> <td>AL</td> </tr> </tbody> </table> |  |  |  |  |  | Gadient % | Mtd | Avg | Method I: | 9.0 | 9.0 | AL | Method II: | 10.0 | 11.0 | AL |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Mtd                                                                        | width                               | width                               | width                               | width                                  | width                    | width                    | width                                                      | width                    | width                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | width           | Avg                                                                                                |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| Channel Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T                                                                          | 7.00                                | 8.00                                | 11.00                               | 8.00                                   | 9.00                     | 8.00                     |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | 8.50                                                                                               |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| Wetted Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | T                                                                          | 6.00                                | 5.00                                | 6.00                                | 5.00                                   | 6.00                     | 6.00                     |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | 5.67                                                                                               |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| Pool Depth (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MS                                                                         | 0.50                                | 0.60                                | 0.75                                | 0.60                                   | 0.60                     | 0.75                     |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | 0.63                                                                                               |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Gadient %                                                                  | Mtd                                 | Avg                                 |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| Method I:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9.0                                                                        | 9.0                                 | AL                                  |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| Method II:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 10.0                                                                       | 11.0                                | AL                                  |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| Wb Depth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | 1.0                                 |                                     | 1.0                                 |                                        | 1.0                      |                          | Avg: 1.00                                                  |                          | Method: T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 | Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| <div style="display: flex; justify-content: space-between;"> <div> <b>COVER</b><br/> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> </thead> <tbody> <tr> <td>Amount:</td> <td>T</td> <td>S</td> <td>T</td> <td>T</td> <td>D</td> <td>N</td> <td>N</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> </div> <div> <b>CROWN CLOSURE</b><br/>                     2 21-40%<br/> <b>INSTREAM VEG:</b> N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> </div> </div> |                                                                            |                                     |                                     |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       | Type: | SWD                               | LWD   | B     | U     | DP    | OV    | IV                       | Amount:                  | T                        | S                        | T                        | T                        | D                        | N                        | N                        | Loc: P/S/O:              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SWD                                                                        | LWD                                 | B                                   | U                                   | DP                                     | OV                       | IV                       |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| Amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | T                                                                          | S                                   | T                                   | T                                   | D                                      | N                        | N                        |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| Loc: P/S/O:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/>                                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| <div style="display: flex; justify-content: space-between;"> <div> <b>LWD: F</b><br/> <b>LB SHP: V</b><br/> <b>Texture:</b> <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A<br/> <b>RIP: M</b><br/> <b>STG: MF</b> </div> <div> <b>RB SHP: V</b><br/> <b>Texture:</b> <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A<br/> <b>RIP: M</b><br/> <b>STG: MF</b> </div> </div>                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                     |                                     |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                     |                                     |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| <b>EMS:</b><br>Temp: 9<br>pH: 6.8<br>Flood Signs: RAFTED DEBRIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                     |                                     |                                     | Method: T3<br>Method: P2<br>Method: GE |                          |                          |                                                            |                          | <b>Req #:</b><br>Cond.: 90<br>Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input checked="" type="checkbox"/> L <input type="checkbox"/> C<br>Method: S4<br>Method: GE                                                                                                                                                                                                                                                                                                                                                                                                                        |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| MORPHOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                     |                                     |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| Bed Material: Dominant: C<br>D95: 100.0 D (cm): 30.00<br>Pattern: SI<br>Islands: N<br>Coupling: CO<br>Confinement: FC<br>FSZ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                     |                                     |                                     | Subdom: G<br>Morph: CP                 |                          |                          |                                                            |                          | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>O1</th> <th>B1</th> <th>B2</th> <th>B3</th> <th>D1</th> <th>D2</th> <th>D3</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                           |                 |                                                                                                    |           |       | O1    | B1                                | B2    | B3    | D1    | D2    | D3    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| O1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | B1                                                                         | B2                                  | B3                                  | D1                                  | D2                                     | D3                       |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>               | <input type="checkbox"/> |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                     |                                     |                                     | <b>DISTURBANCE INDICATORS</b>          |                          |                          |                                                            |                          | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>C1</th> <th>C2</th> <th>C3</th> <th>C4</th> <th>C5</th> <th>S1</th> <th>S2</th> <th>S3</th> <th>S4</th> <th>S5</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                 |                                                                                                    |           |       | C1    | C2                                | C3    | C4    | C5    | S1    | S2    | S3                       | S4                       | S5                       | <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"/>            |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| C1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | C2                                                                         | C3                                  | C4                                  | C5                                  | S1                                     | S2                       | S3                       | S4                                                         | S5                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| <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"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| Bars: <input type="checkbox"/> N <input checked="" type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                     |                                     |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| HABITAT QUALITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                     |                                     |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>OverWinter Habitat</td> <td>High value salmonid overwintering habitat present in pools</td> </tr> <tr> <td>Spawning Habitat</td> <td>High value salmonid spawning habitat-suitable gravel and adequate flow</td> </tr> <tr> <td>Rearing Habitat</td> <td>High value salmonid rearing habitat-cover, complexity, and perennial pools</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                     |                                     |                                     | Name                                   | Comments                 | OverWinter Habitat       | High value salmonid overwintering habitat present in pools | Spawning Habitat         | High value salmonid spawning habitat-suitable gravel and adequate flow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Rearing Habitat | High value salmonid rearing habitat-cover, complexity, and perennial pools                         |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Comments                                                                   |                                     |                                     |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| OverWinter Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | High value salmonid overwintering habitat present in pools                 |                                     |                                     |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| Spawning Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | High value salmonid spawning habitat-suitable gravel and adequate flow     |                                     |                                     |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| Rearing Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | High value salmonid rearing habitat-cover, complexity, and perennial pools |                                     |                                     |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| PHOTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            |                                     |                                     |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
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| Photo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Foc Lg                                                                     | Dir                                 | Comments                            |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| R: 9 F: 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STD                                                                        | U                                   | Upstream photo of cascade/falls     |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| R: 9 F: 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STD                                                                        | D                                   | Downstream photo of cascade falls   |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                     |                                     |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
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| Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Comments                                                                   |                                     |                                     |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                     |                                     |                                     |                                        |                          |                          |                                                            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                    |           |       |       |                                   |       |       |       |       |       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                     |                                     |                                     |                                     |                          |                          |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |           |     |     |           |     |     |    |            |      |      |    |

## FDIS Site Card

|                                                                      |  | Reach #                                                                                                                      | ILP Map # | ILP # | Site |
|----------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------|-----------|-------|------|
| Watershed Code: 400-362300-67500-35100-0000-0000-000-000-000-000-000 |  | 2.0                                                                                                                          |           |       | 702  |
| Section                                                              |  | Comments                                                                                                                     |           |       |      |
| CHANNEL                                                              |  | DV captured upstream of falls/ cascades                                                                                      |           |       |      |
| SITE CARD                                                            |  | Fish form 30471                                                                                                              |           |       |      |
| CHANNEL                                                              |  | NFC usptream of the 40 m cascades lower in the reach. Cascades prevents upstream fish migration to this portion of the reach |           |       |      |
| CHANNEL                                                              |  | S5 Stream                                                                                                                    |           |       |      |



# FDIS Fish Form

Reach #      ILP Map #      ILP #

Watershed Code:      400-362300-67500-35100-0000-0000-000-000-000-000-000

2.0

| WATERBODY                                                     |          |        |                          |                  |         |                |          |                 |           |             |               |                                    |        |        |         |  |
|---------------------------------------------------------------|----------|--------|--------------------------|------------------|---------|----------------|----------|-----------------|-----------|-------------|---------------|------------------------------------|--------|--------|---------|--|
| Gazetted Name:                                                |          |        |                          |                  |         |                |          |                 |           | Local: None |               |                                    |        |        |         |  |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-0   |          |        |                          |                  |         |                |          |                 |           |             |               |                                    |        |        |         |  |
| WS Code: 400-362300-67500-35100-0000-0000-000-000-000-000-000 |          |        |                          |                  |         |                |          |                 |           |             |               |                                    |        |        |         |  |
| Waterbody ID:                                                 |          |        |                          | ILP Map #:       |         |                |          | ILP #:          |           | Reach #:    |               | 2 -                                |        |        |         |  |
| Project ID: 3476                                              |          |        |                          | Lake/Stream: S   |         |                |          | Lake From Date: |           |             |               |                                    |        |        |         |  |
| Fish Permit #:                                                |          | 25350K |                          | Date: 2000/08/04 |         | To: 2000/08/04 |          | Agency: C172    |           | Crew: JH/KT |               | Resample: <input type="checkbox"/> |        |        |         |  |
| SITE / METHOD                                                 |          |        |                          |                  |         |                |          |                 |           |             |               |                                    |        |        |         |  |
| Site#                                                         | NID Map  | NID #  | UTM:Zone/East/North/Mthd |                  |         |                | MTD/NO   |                 | Temp      | Cond        | Turbid        | Comment                            |        |        |         |  |
| 702                                                           | 103P.020 | 70502  |                          |                  |         |                | EF       | 1               | 9         | 90          | L             | Above the cascades                 |        |        |         |  |
| 701                                                           | 103P.020 | 70501  |                          |                  |         |                | EF       | 1               | 9         | 90          | L             | Below the cascades                 |        |        |         |  |
| A. GEAR SETTINGS                                              |          |        |                          |                  |         |                |          |                 |           |             |               |                                    |        |        |         |  |
| Site#                                                         | MTD/NO   |        | H/P                      | Date In          | Time In | Date Out       | Time Out | Comment         |           |             |               |                                    |        |        |         |  |
| 702                                                           | EF       | 1      | 1                        | 2000/08/04       | 09:15   | 2000/08/04     | 09:50    |                 |           |             |               |                                    |        |        |         |  |
| 701                                                           | EF       | 1      | 1                        | 2000/08/04       | 08:30   | 2000/08/04     | 09:00    |                 |           |             |               |                                    |        |        |         |  |
| C. ELECTROFISHER SPECIFICATIONS                               |          |        |                          |                  |         |                |          |                 |           |             |               |                                    |        |        |         |  |
| Site#                                                         | MTD/NO   |        | H/P                      | Encl             | Sec     | Lnth           | Width    | Voltage         | Frequency | Pulse       | Make          | Model                              |        |        |         |  |
| 702                                                           | EF       | 1      | 1                        | O                | 450     | 400.0          | 10.0     | 600             | 60        | 6           | SMITH<br>ROOT | 12B                                |        |        |         |  |
| 701                                                           | EF       | 1      | 1                        | O                | 398     | 500.0          | 10.0     | 600             | 60        | 6           | SMITH<br>ROOT | 12B                                |        |        |         |  |
| FISH SUMMARY                                                  |          |        |                          |                  |         |                |          |                 |           |             |               |                                    |        |        |         |  |
| Site#                                                         | MTD/NO   |        | H/P                      | Species          | Stage   | Age            | Total #  | Lgth (Min/Max)  |           | FishAct     | Comment       |                                    |        |        |         |  |
| 702                                                           | EF       | 1      | 1                        | NFC              |         |                | 0        |                 |           |             |               |                                    |        |        |         |  |
| 701                                                           | EF       | 1      | 1                        | DV               | A       | 3+             | 4        | 110             | 175       | R           |               |                                    |        |        |         |  |
| INDIVIDUAL FISH DATA                                          |          |        |                          |                  |         |                |          |                 |           |             |               |                                    |        |        |         |  |
| Site#                                                         | MTD/NO   | H/P    | Species                  | Length           | Weight  | Sex            | Mat      | Age             |           | Vch#        | Genetic       |                                    | Roll # | Frame# | Comment |  |
|                                                               |          |        |                          |                  |         |                |          | Str/Smpl#       | Age       |             | Str/Smpl#     |                                    |        |        |         |  |
| 701                                                           | EF       | 1      | 1                        | DV               | 110     |                | U        | U               |           |             |               |                                    |        |        |         |  |
| 701                                                           | EF       | 1      | 1                        | DV               | 175     |                | U        | U               |           |             |               |                                    |        |        |         |  |
| 701                                                           | EF       | 1      | 1                        | DV               | 150     |                | U        | U               |           |             |               |                                    |        |        |         |  |
| 701                                                           | EF       | 1      | 1                        | DV               | 160     |                | U        | U               |           |             |               |                                    |        |        |         |  |



Site #702, Upstream photo of cascade/falls  
Roll #9, Frame #6, Date: 2000/08/04



Site #702, Downstream photo of cascade falls  
Roll #9, Frame #7, Date: 2000/08/04



## Stream Reach/Site Summary Report

**Watershed Code:** 400-362300-67500-00000-0000-0000-000-000-000-000-000-000

| Reach # | ILP Map # | ILP # |
|---------|-----------|-------|
|---------|-----------|-------|

2.0

| STREAM REFERENCING                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                          |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
|----------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----|--------------------|------|----|----|----|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------|-------|---|------------|------|---|---|---|-----------------|------|---|-----|---|
| Gazetted Name:                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | Local Name: None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| Watershed Code: 400-362300-67500-00000-0000-0000-000-000-000-000                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | ILP Map #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | ILP #:                   |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| REACH                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                          |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| Reach #: 2.0                                                                                       |                                     | UTM(Zone/East/North): 9.555774.6115353                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Sample Type: B                      |                          |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| Length (km): 1.33                                                                                  |                                     | Gradient (%): 5.19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | US Elev (m): 618                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | Order: 4                 |                          | Magnitude: 53                                                                                                                 |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| Confinement: CO                                                                                    |                                     | Coupling: CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | Open water: A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | BGC Zone: ESSF           |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| Islands: N                                                                                         |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | Riparian Veg.: M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | Landuse: NO              |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| SITE                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                          |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| Site #: 703                                                                                        |                                     | GIS UTM(Zone/East/North)<br>9 556097 6115265                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | Date: 2000/08/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | Agency: C172             |                          | Crew: JH/KT                                                                                                                   |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| Site Lg (m): 200                                                                                   |                                     | Ref. Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                          |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| CHANNEL                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                          |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/>                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Avg</th> <th>Min</th> <th>Max</th> <th>#</th> </tr> <tr> <td>Channel Width (m):</td> <td>9.67</td> <td>8</td> <td>11</td> <td>6</td> </tr> <tr> <td>Wetted Width (m):</td> <td>8.00</td> <td>7</td> <td>9</td> <td>6</td> </tr> <tr> <td>Wb Depth (m):</td> <td>1.43</td> <td>1.3</td> <td>1.5</td> <td>3</td> </tr> </table>                                                                                                                                         |                                     |                          | Avg                      | Min                                                                                                                           | Max                      | #   | Channel Width (m): | 9.67 | 8  | 11 | 6  | Wetted Width (m): | 8.00                     | 7                        | 9                        | 6                        | Wb Depth (m):            | 1.43                     | 1.3                      | 1.5                      | 3                                   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Avg %</th> <th>Min %</th> <th>Max %</th> <th>#</th> </tr> <tr> <td>Gadient %:</td> <td>6.50</td> <td>5</td> <td>8</td> <td>4</td> </tr> <tr> <td>Pool Depth (m):</td> <td>1.23</td> <td>1</td> <td>1.5</td> <td>6</td> </tr> </table> |                                     |                          |                                     |                          | Avg %                    | Min %                         | Max % | # | Gadient %: | 6.50 | 5 | 8 | 4 | Pool Depth (m): | 1.23 | 1 | 1.5 | 6 |
|                                                                                                    | Avg                                 | Min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Max                                 | #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                          |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| Channel Width (m):                                                                                 | 9.67                                | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 11                                  | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                          |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| Wetted Width (m):                                                                                  | 8.00                                | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9                                   | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                          |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| Wb Depth (m):                                                                                      | 1.43                                | 1.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1.5                                 | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                          |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
|                                                                                                    | Avg %                               | Min %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Max %                               | #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                          |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| Gadient %:                                                                                         | 6.50                                | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8                                   | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                          |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| Pool Depth (m):                                                                                    | 1.23                                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1.5                                 | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                          |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| Dw: <input type="checkbox"/>                                                                       |                                     | Tribes.: <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                          |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |                                     | Temp (C): 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | pH: 6.9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | Cond.: 100               |                          | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input checked="" type="checkbox"/> L <input type="checkbox"/> C |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| MORPHOLOGY                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                          |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| Bed Material: Dominant: C                                                                          |                                     | Subdom: G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | Bars: <input type="checkbox"/> N <input checked="" type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| D95: 70.00                                                                                         |                                     | D (cm): 30.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>O1</td><td>B1</td><td>B2</td><td>B3</td><td>D1</td><td>D2</td><td>D3</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>                                                                                                                                     |                                     |                          |                          |                                                                                                                               |                          | O1  | B1                 | B2   | B3 | D1 | D2 | D3                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| O1                                                                                                 | B1                                  | B2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | B3                                  | D1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D2                                  | D3                       |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| <input type="checkbox"/>                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/> |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| Pattern: SI                                                                                        |                                     | Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | DISTURBANCE INDICATORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| Coupling: PC                                                                                       |                                     | Confinement: FC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>C1</td><td>C2</td><td>C3</td><td>C4</td><td>C5</td><td>S1</td><td>S2</td><td>S3</td><td>S4</td><td>S5</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |                                     |                          |                          |                                                                                                                               |                          | C1  | C2                 | C3   | C4 | C5 | S1 | S2                | S3                       | S4                       | S5                       | <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"/>            |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| C1                                                                                                 | C2                                  | C3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C4                                  | C5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | S1                                  | S2                       | S3                       | S4                                                                                                                            | S5                       |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| <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"/> |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| Morph: CP                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                          |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| COVER                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                          |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| Total: A                                                                                           |                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> <tr> <td>Amount:</td> <td>T</td> <td>S</td> <td>T</td> <td>S</td> <td>D</td> <td>N</td> <td>N</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                          |                          | Type:                                                                                                                         | SWD                      | LWD | B                  | U    | DP | OV | IV | Amount:           | T                        | S                        | T                        | S                        | D                        | N                        | N                        | Loc: P/S/O:              | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FSZ: <input type="checkbox"/> |       |   |            |      |   |   |   |                 |      |   |     |   |
| Type:                                                                                              | SWD                                 | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | B                                   | U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DP                                  | OV                       | IV                       |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| Amount:                                                                                            | T                                   | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | T                                   | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | D                                   | N                        | N                        |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| Loc: P/S/O:                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| LWD: F                                                                                             |                                     | DIST: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                          |                          | CROWN CLOSURE                                                                                                                 |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| RB SHP: V                                                                                          |                                     | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | RIP: M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | STG: MF                  |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| LB SHP: V                                                                                          |                                     | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | RIP: M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | STG: MF                  |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
|                                                                                                    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                          |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| FISH                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                          |                          |                                                                                                                               |                          |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| Site Number                                                                                        | Capture Method                      | Number of Events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Total Length (m)                    | Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Voltage                             | Species                  | Total Fish               | Minimum Length (mm)                                                                                                           | Maximum Length (mm)      |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |
| 703                                                                                                | EF                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 200                                 | 230 sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 600                                 | DV                       | 5                        | 215                                                                                                                           | 265                      |     |                    |      |    |    |    |                   |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                          |                          |                               |       |   |            |      |   |   |   |                 |      |   |     |   |

February 12, 2001

## FDIS Site Card

**Watershed Code:** 400-362300-67500-00000-0000-0000-000-000-000-000-000-000

| Reach # | ILP Map # | ILP # | Site |
|---------|-----------|-------|------|
| 2.0     |           |       | 703  |

| PROJECT                                                                                                                                                                               |   |                                                                                                                                                                                                                                                                                    |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------|-------------|--|--|
| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                |   |                                                                                                                                                                                                                                                                                    |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      | Project Code: 3476                                                                                                            |                                      |       |             |  |  |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                      |   |                                                                                                                                                                                                                                                                                    |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| Project Watershed Code: 400-000000-00000-00000-0000-000-000-000-000-000                                                                                                               |   |                                                                                                                                                                                                                                                                                    |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| WATERSHED                                                                                                                                                                             |   |                                                                                                                                                                                                                                                                                    |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| Gazetted Name:                                                                                                                                                                        |   |                                                                                                                                                                                                                                                                                    |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      | Local Name: None                                                                                                              |                                      |       |             |  |  |
| Watershed Code: 400-362300-67500-00000-00000-0000-000-000-000-000-000                                                                                                                 |   |                                                                                                                                                                                                                                                                                    |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| ILP Map#:                                                                                                                                                                             |   | ILP #:                                                                                                                                                                                                                                                                             |                          | NID Map #: 103P.020                 |                          |                                     | NID #: 70503             |                                                                                                                                                                                | Reach #:                                                                                                                             |                                                                                                                               | 2.0                                  |       | Site #: 703 |  |  |
| Field UTM(Zone/East/North/Method)                                                                                                                                                     |   |                                                                                                                                                                                                                                                                                    |                          | GIS UTM(Zone/East/North)            |                          |                                     |                          | Site Lg: 200                                                                                                                                                                   |                                                                                                                                      |                                                                                                                               | Method: HC                           |       | Access: H   |  |  |
|                                                                                                                                                                                       |   |                                                                                                                                                                                                                                                                                    |                          | 9 556097 6115265                    |                          |                                     |                          | Ref. Name:                                                                                                                                                                     |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| Date: 2000/08/04                                                                                                                                                                      |   | Time: 10:00                                                                                                                                                                                                                                                                        |                          | Agency: C172                        |                          |                                     | Crew: JH/KT              |                                                                                                                                                                                | Fish Crd?: <input checked="" type="checkbox"/>                                                                                       |                                                                                                                               | Incomplete: <input type="checkbox"/> |       |             |  |  |
| CHANNEL                                                                                                                                                                               |   |                                                                                                                                                                                                                                                                                    |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
|                                                                                                                                                                                       |   | Mtd                                                                                                                                                                                                                                                                                | width                    | width                               | width                    | width                               | width                    | width                                                                                                                                                                          | width                                                                                                                                | width                                                                                                                         | width                                | width | Avg         |  |  |
| Channel Width (m):                                                                                                                                                                    |   | T                                                                                                                                                                                                                                                                                  | 10.00                    | 11.00                               | 10.00                    | 9.00                                | 8.00                     | 10.00                                                                                                                                                                          |                                                                                                                                      |                                                                                                                               |                                      |       | 9.67        |  |  |
| Wetted Width (m):                                                                                                                                                                     |   | T                                                                                                                                                                                                                                                                                  | 7.00                     | 9.00                                | 9.00                     | 8.00                                | 7.00                     | 8.00                                                                                                                                                                           |                                                                                                                                      |                                                                                                                               |                                      |       | 8.00        |  |  |
| Pool Depth (m):                                                                                                                                                                       |   | MS                                                                                                                                                                                                                                                                                 | 1.00                     | 1.50                                | 1.00                     | 1.50                                | 1.20                     | 1.20                                                                                                                                                                           |                                                                                                                                      |                                                                                                                               |                                      |       | 1.23        |  |  |
| Wb Depth:                                                                                                                                                                             |   | 1.5                                                                                                                                                                                                                                                                                | 1.5                      | 1.3                                 | Avg: 1.43                |                                     |                          | Method: T                                                                                                                                                                      |                                                                                                                                      | Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/>                            |                                      |       |             |  |  |
| COVER                                                                                                                                                                                 |   |                                                                                                                                                                                                                                                                                    |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| Type:                                                                                                                                                                                 |   | SWD                                                                                                                                                                                                                                                                                | LWD                      | B                                   | U                        | DP                                  | OV                       | IV                                                                                                                                                                             | CROWN CLOSURE                                                                                                                        |                                                                                                                               |                                      |       |             |  |  |
| Amount:                                                                                                                                                                               |   | T                                                                                                                                                                                                                                                                                  | S                        | T                                   | S                        | D                                   | N                        | N                                                                                                                                                                              | 2 21-40%                                                                                                                             |                                                                                                                               |                                      |       |             |  |  |
| Loc: P/S/O:                                                                                                                                                                           |   | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                       | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> |                                                                                                                               |                                      |       |             |  |  |
| LWD: F                                                                                                                                                                                |   | DIST: C                                                                                                                                                                                                                                                                            |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| LB SHP: V                                                                                                                                                                             |   | RB SHP: V                                                                                                                                                                                                                                                                          |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |   | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                              |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| RIP: M                                                                                                                                                                                |   | RIP: M                                                                                                                                                                                                                                                                             |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| STG: MF                                                                                                                                                                               |   | STG: MF                                                                                                                                                                                                                                                                            |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| WATER                                                                                                                                                                                 |   |                                                                                                                                                                                                                                                                                    |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| EMS:                                                                                                                                                                                  |   |                                                                                                                                                                                                                                                                                    |                          |                                     | Req #:                   |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| Temp: 9                                                                                                                                                                               |   |                                                                                                                                                                                                                                                                                    |                          |                                     | Method: T3               |                                     |                          |                                                                                                                                                                                |                                                                                                                                      | Cond.: 100                                                                                                                    |                                      |       |             |  |  |
| pH: 6.9                                                                                                                                                                               |   |                                                                                                                                                                                                                                                                                    |                          |                                     | Method: P2               |                                     |                          |                                                                                                                                                                                |                                                                                                                                      | Method: S4                                                                                                                    |                                      |       |             |  |  |
| Flood Signs: RAFTED DEBRIS                                                                                                                                                            |   |                                                                                                                                                                                                                                                                                    |                          |                                     | Method: GE               |                                     |                          |                                                                                                                                                                                |                                                                                                                                      | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input checked="" type="checkbox"/> L <input type="checkbox"/> C |                                      |       |             |  |  |
|                                                                                                                                                                                       |   |                                                                                                                                                                                                                                                                                    |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      | Method: GE                                                                                                                    |                                      |       |             |  |  |
| MORPHOLOGY                                                                                                                                                                            |   |                                                                                                                                                                                                                                                                                    |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| Bed Material:                                                                                                                                                                         |   | Dominant: C                                                                                                                                                                                                                                                                        |                          |                                     | Subdom: G                |                                     |                          | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                           |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| D95: 70.0                                                                                                                                                                             |   | D (cm): 30.00                                                                                                                                                                                                                                                                      |                          |                                     | Morph: CP                |                                     |                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| Pattern: SI                                                                                                                                                                           |   | DISTURBANCE INDICATORS                                                                                                                                                                                                                                                             |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| Islands: N                                                                                                                                                                            |   | C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                                                                                                      |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| Coupling: PC                                                                                                                                                                          |   | <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"/> |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| Confinement: FC                                                                                                                                                                       |   |                                                                                                                                                                                                                                                                                    |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| FSZ <input type="checkbox"/>                                                                                                                                                          |   | Bars: <input type="checkbox"/> N <input checked="" type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                     |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| HABITAT QUALITY                                                                                                                                                                       |   |                                                                                                                                                                                                                                                                                    |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| Name                                                                                                                                                                                  |   | Comments                                                                                                                                                                                                                                                                           |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| OverWinter Habitat                                                                                                                                                                    |   | Moderate to high overwintering habitat-adequate flows and deep pools                                                                                                                                                                                                               |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| Spawning Habitat                                                                                                                                                                      |   | High value salmonid spawning habitat-suitable spawning substrates, water depth and velocity                                                                                                                                                                                        |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| Rearing Habitat                                                                                                                                                                       |   | High value salmonid rearing habitat-cover, complexity, perennial flows, and water depth                                                                                                                                                                                            |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| PHOTOS                                                                                                                                                                                |   |                                                                                                                                                                                                                                                                                    |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| Photo                                                                                                                                                                                 |   | Foc Lg                                                                                                                                                                                                                                                                             |                          | Dir                                 |                          | Comments                            |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| R:                                                                                                                                                                                    | 9 | F:                                                                                                                                                                                                                                                                                 | 8                        | STD                                 |                          | U                                   |                          | Upstream photo of the representative habitat within the site                                                                                                                   |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| R:                                                                                                                                                                                    | 9 | F:                                                                                                                                                                                                                                                                                 | 9                        | STD                                 |                          | U                                   |                          | Downstream photo of the representative habitat within the site                                                                                                                 |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| COMMENTS                                                                                                                                                                              |   |                                                                                                                                                                                                                                                                                    |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |
| Section                                                                                                                                                                               |   | Comments                                                                                                                                                                                                                                                                           |                          |                                     |                          |                                     |                          |                                                                                                                                                                                |                                                                                                                                      |                                                                                                                               |                                      |       |             |  |  |



FDIS Site Card

|                                                                      |                                 | Reach # | ILP Map # | ILP # | Site |
|----------------------------------------------------------------------|---------------------------------|---------|-----------|-------|------|
| Watershed Code: 400-362300-67500-00000-0000-0000-000-000-000-000-000 |                                 | 2.0     |           |       | 703  |
| Section                                                              | Comments                        |         |           |       |      |
| SITE CARD                                                            | Fish form 30473                 |         |           |       |      |
| CHANNEL                                                              | DV captured with minimal effort |         |           |       |      |
| CHANNEL                                                              | S2 Stream                       |         |           |       |      |

# FDIS Fish Form

Reach #      ILP Map #      ILP #

Watershed Code:      400-362300-67500-00000-00000-00000-00000-00000-00000

2.0

| WATERBODY                                                   |          |       |                          |                  |          |                |                |                |         |                 |               |                                    |        |        |         |  |
|-------------------------------------------------------------|----------|-------|--------------------------|------------------|----------|----------------|----------------|----------------|---------|-----------------|---------------|------------------------------------|--------|--------|---------|--|
| Gazetted Name:                                              |          |       |                          |                  |          |                |                |                |         | Local: None     |               |                                    |        |        |         |  |
| Project Code: 400-000000-00000-00000-00000-00000-00000-0    |          |       |                          |                  |          |                |                |                |         |                 |               |                                    |        |        |         |  |
| WS Code: 400-362300-67500-00000-00000-00000-00000-00000-000 |          |       |                          |                  |          |                |                |                |         |                 |               |                                    |        |        |         |  |
| Waterbody ID:                                               |          |       |                          | ILP Map #:       |          |                |                | ILP #:         |         | Reach #: 2 -    |               |                                    |        |        |         |  |
| Project ID: 3476                                            |          |       |                          |                  |          |                |                | Lake/Stream: S |         | Lake From Date: |               |                                    |        |        |         |  |
| Fish Permit #: 25350K                                       |          |       |                          | Date: 2000/08/04 |          | To: 2000/08/04 |                | Agency: C172   |         | Crew: JH/KT     |               | Resample: <input type="checkbox"/> |        |        |         |  |
| SITE / METHOD                                               |          |       |                          |                  |          |                |                |                |         |                 |               |                                    |        |        |         |  |
| Site#                                                       | NID Map  | NID # | UTM:Zone/East/North/Mthd |                  |          | MTD/NO         |                | Temp           | Cond    | Turbid          | Comment       |                                    |        |        |         |  |
| 703                                                         | 103P.020 | 70503 |                          |                  |          | EF             | 1              | 9              | 100     | L               |               |                                    |        |        |         |  |
| A. GEAR SETTINGS                                            |          |       |                          |                  |          |                |                |                |         |                 |               |                                    |        |        |         |  |
| Site#                                                       | MTD/NO   | H/P   | Date In                  | Time In          | Date Out | Time Out       | Comment        |                |         |                 |               |                                    |        |        |         |  |
| 703                                                         | EF       | 1     | 1                        | 2000/08/04       | 10:00    | 2000/08/04     | 10:30          |                |         |                 |               |                                    |        |        |         |  |
| C. ELECTROFISHER SPECIFICATIONS                             |          |       |                          |                  |          |                |                |                |         |                 |               |                                    |        |        |         |  |
| Site#                                                       | MTD/NO   | H/P   | Encl                     | Sec              | Lnth     | Width          | Voltage        | Frequency      | Pulse   | Make            | Model         |                                    |        |        |         |  |
| 703                                                         | EF       | 1     | 1                        | O                | 230      | 200.0          | 10.0           | 600            | 60      | 6               | SMITH<br>ROOT | 12B                                |        |        |         |  |
| FISH SUMMARY                                                |          |       |                          |                  |          |                |                |                |         |                 |               |                                    |        |        |         |  |
| Site#                                                       | MTD/NO   | H/P   | Species                  | Stage            | Age      | Total #        | Lgth (Min/Max) | FishAct        | Comment |                 |               |                                    |        |        |         |  |
| 703                                                         | EF       | 1     | 1                        | DV               | A        | 3+             | 5              | 215            | 265     | R               |               |                                    |        |        |         |  |
| INDIVIDUAL FISH DATA                                        |          |       |                          |                  |          |                |                |                |         |                 |               |                                    |        |        |         |  |
| Site#                                                       | MTD/NO   | H/P   | Species                  | Length           | Weight   | Sex            | Mat            | Age            |         | Vch#            | Genetic       |                                    | Roll # | Frame# | Comment |  |
|                                                             |          |       |                          |                  |          |                |                | Str/Smpl#      | Age     |                 | Str/Smpl#     |                                    |        |        |         |  |
| 703                                                         | EF       | 1     | 1                        | DV               | 215      |                | U              | U              |         |                 |               |                                    |        |        |         |  |
| 703                                                         | EF       | 1     | 1                        | DV               | 230      |                | U              | U              |         |                 |               |                                    |        |        |         |  |
| 703                                                         | EF       | 1     | 1                        | DV               | 265      |                | U              | U              |         |                 |               |                                    |        |        |         |  |
| 703                                                         | EF       | 1     | 1                        | DV               | 250      |                | U              | U              |         |                 |               |                                    |        |        |         |  |
| 703                                                         | EF       | 1     | 1                        | DV               | 240      |                | U              | U              |         |                 |               |                                    |        |        |         |  |





Site #703, Upstream photo of the representative habitat within the site  
Roll #9, Frame #8. Date: 2000/08/04



Site #703, Downstream photo of the representative habitat within the site  
Roll #9, Frame #9. Date: 2000/08/04



# Stream Reach/Site Summary Report

Reach # ILP Map # ILP #

Watershed Code: 400-362300-67500-00000-0000-0000-000-000-000-000-000

4.0

| STREAM REFERENCING                                                   |       |                                                                                             |       |                                        |     |                                                                                                                                                                                          |                  |                                                                                                                                                                                          |                              |                                                                                                                        |  |                          |  |                                                                                                                        |  |
|----------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------|-------|----------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--|------------------------------------------------------------------------------------------------------------------------|--|
| Gazetted Name:                                                       |       |                                                                                             |       |                                        |     |                                                                                                                                                                                          | Local Name: None |                                                                                                                                                                                          |                              |                                                                                                                        |  |                          |  |                                                                                                                        |  |
| Watershed Code: 400-362300-67500-00000-0000-0000-000-000-000-000-000 |       |                                                                                             |       |                                        |     |                                                                                                                                                                                          | ILP Map #:       |                                                                                                                                                                                          |                              | ILP #:                                                                                                                 |  |                          |  |                                                                                                                        |  |
| REACH                                                                |       |                                                                                             |       |                                        |     |                                                                                                                                                                                          |                  |                                                                                                                                                                                          |                              |                                                                                                                        |  |                          |  |                                                                                                                        |  |
| Reach #:                                                             |       | 4.0                                                                                         |       | UTM(Zone/East/North): 9.550598.6115473 |     |                                                                                                                                                                                          |                  | Sample Type:                                                                                                                                                                             |                              | B                                                                                                                      |  |                          |  |                                                                                                                        |  |
| Length (km):                                                         |       | 2.67                                                                                        |       | Gradient (%):                          |     | 23.93                                                                                                                                                                                    |                  | US Elev (m):                                                                                                                                                                             |                              | 1635                                                                                                                   |  | Order: 2                 |  | Magnitude: 13                                                                                                          |  |
| Confinement:                                                         |       | CO                                                                                          |       | Coupling:                              |     | CO                                                                                                                                                                                       |                  | Open water:                                                                                                                                                                              |                              | A                                                                                                                      |  | BGC Zone:                |  | AT                                                                                                                     |  |
| Islands:                                                             |       | N                                                                                           |       | Bars:                                  |     | <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                  | Riparian Veg.:                                                                                                                                                                           |                              | S                                                                                                                      |  | Landuse:                 |  | NO                                                                                                                     |  |
| SITE                                                                 |       |                                                                                             |       |                                        |     |                                                                                                                                                                                          |                  |                                                                                                                                                                                          |                              |                                                                                                                        |  |                          |  |                                                                                                                        |  |
| Site #:                                                              |       | 704                                                                                         |       | GIS UTM(Zone/East/North)               |     | Date:                                                                                                                                                                                    |                  | 2000/08/04                                                                                                                                                                               |                              | Agency:                                                                                                                |  | C172                     |  | Crew: JH/KT                                                                                                            |  |
| Site Lg (m):                                                         |       | 500                                                                                         |       | 9 552552 6115763                       |     | Ref. Name:                                                                                                                                                                               |                  |                                                                                                                                                                                          |                              |                                                                                                                        |  |                          |  |                                                                                                                        |  |
| CHANNEL                                                              |       |                                                                                             |       |                                        |     |                                                                                                                                                                                          |                  |                                                                                                                                                                                          |                              |                                                                                                                        |  |                          |  |                                                                                                                        |  |
| No Vis.Ch.:                                                          |       | <input type="checkbox"/>                                                                    |       | Intermittent:                          |     | <input type="checkbox"/>                                                                                                                                                                 |                  | Avg                                                                                                                                                                                      |                              | Min                                                                                                                    |  | Max                      |  | #                                                                                                                      |  |
| Dw:                                                                  |       | <input type="checkbox"/>                                                                    |       | Trib.:                                 |     | <input type="checkbox"/>                                                                                                                                                                 |                  | Channel Width (m):                                                                                                                                                                       |                              | 11.83                                                                                                                  |  | 10                       |  | 13 6                                                                                                                   |  |
|                                                                      |       |                                                                                             |       |                                        |     |                                                                                                                                                                                          |                  | Wetted Width (m):                                                                                                                                                                        |                              | 7.83                                                                                                                   |  | 7                        |  | 9 6                                                                                                                    |  |
|                                                                      |       |                                                                                             |       |                                        |     |                                                                                                                                                                                          |                  | Wb Depth (m):                                                                                                                                                                            |                              | 1.67                                                                                                                   |  | 1.5                      |  | 1.8 3                                                                                                                  |  |
| Stage:                                                               |       | L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |       | Temp (C):                              |     | 8                                                                                                                                                                                        |                  | pH:                                                                                                                                                                                      |                              | 7.0                                                                                                                    |  | Cond.:                   |  | 90                                                                                                                     |  |
|                                                                      |       |                                                                                             |       |                                        |     |                                                                                                                                                                                          |                  |                                                                                                                                                                                          |                              |                                                                                                                        |  | Turb.:                   |  | <input type="checkbox"/> T <input type="checkbox"/> M <input checked="" type="checkbox"/> L <input type="checkbox"/> C |  |
| MORPHOLOGY                                                           |       |                                                                                             |       |                                        |     |                                                                                                                                                                                          |                  |                                                                                                                                                                                          |                              |                                                                                                                        |  |                          |  |                                                                                                                        |  |
| Bed Material:                                                        |       | Dominant: C                                                                                 |       | Subdom: G                              |     | Bars:                                                                                                                                                                                    |                  | <input type="checkbox"/> N <input checked="" type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                              |                                                                                                                        |  |                          |  |                                                                                                                        |  |
| D95:                                                                 |       | 100.00                                                                                      |       | D (cm):                                |     | 40.00                                                                                                                                                                                    |                  | O1                                                                                                                                                                                       |                              | B1                                                                                                                     |  | B2                       |  | B3                                                                                                                     |  |
| Pattern:                                                             |       | SI                                                                                          |       | Islands:                               |     | N                                                                                                                                                                                        |                  | D1                                                                                                                                                                                       |                              | D2                                                                                                                     |  | D3                       |  |                                                                                                                        |  |
| Coupling:                                                            |       | CO                                                                                          |       | Confinement:                           |     | CO                                                                                                                                                                                       |                  | DISTURBANCE INDICATORS                                                                                                                                                                   |                              | <input type="checkbox"/>                                                                                               |  | <input type="checkbox"/> |  | <input type="checkbox"/>                                                                                               |  |
| Morph:                                                               |       | CP                                                                                          |       |                                        |     |                                                                                                                                                                                          |                  | C1                                                                                                                                                                                       |                              | C2                                                                                                                     |  | C3                       |  | C4                                                                                                                     |  |
|                                                                      |       |                                                                                             |       |                                        |     |                                                                                                                                                                                          |                  | C5                                                                                                                                                                                       |                              | S1                                                                                                                     |  | S2                       |  | S3                                                                                                                     |  |
|                                                                      |       |                                                                                             |       |                                        |     |                                                                                                                                                                                          |                  | S4                                                                                                                                                                                       |                              | S5                                                                                                                     |  |                          |  |                                                                                                                        |  |
| COVER                                                                |       |                                                                                             |       |                                        |     |                                                                                                                                                                                          |                  |                                                                                                                                                                                          |                              |                                                                                                                        |  |                          |  |                                                                                                                        |  |
| Total:                                                               |       | A                                                                                           |       | Type:                                  |     | SWD                                                                                                                                                                                      |                  | LWD                                                                                                                                                                                      |                              | B                                                                                                                      |  | U                        |  | DP                                                                                                                     |  |
|                                                                      |       |                                                                                             |       | Amount:                                |     | T                                                                                                                                                                                        |                  | T                                                                                                                                                                                        |                              | S                                                                                                                      |  | S                        |  | D                                                                                                                      |  |
|                                                                      |       |                                                                                             |       | Loc: P/S/O:                            |     | <input checked="" type="checkbox"/>                                                                                                                                                      |                  | <input type="checkbox"/>                                                                                                                                                                 |                              | <input type="checkbox"/>                                                                                               |  | <input type="checkbox"/> |  | <input type="checkbox"/>                                                                                               |  |
| LWD:                                                                 |       | F                                                                                           |       | DIST:                                  |     | C                                                                                                                                                                                        |                  | INSTREAM VEG:                                                                                                                                                                            |                              | N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> |  | FSZ:                     |  | <input type="checkbox"/>                                                                                               |  |
| RB SHP:                                                              |       | V                                                                                           |       | Texture:                               |     | <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A             |                  | RIP:                                                                                                                                                                                     |                              | S                                                                                                                      |  | STG:                     |  | SHR                                                                                                                    |  |
| LB SHP:                                                              |       | V                                                                                           |       | Texture:                               |     | <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A             |                  | RIP:                                                                                                                                                                                     |                              | S                                                                                                                      |  | STG:                     |  | PS                                                                                                                     |  |
| FEATURES                                                             |       |                                                                                             |       |                                        |     |                                                                                                                                                                                          |                  |                                                                                                                                                                                          |                              |                                                                                                                        |  |                          |  |                                                                                                                        |  |
| NID Map                                                              | NID   | Type                                                                                        | Hgt   | Method                                 | Lg  | Method                                                                                                                                                                                   | Photo            | AirPhoto                                                                                                                                                                                 | UTM (Zone/East/North/Method) |                                                                                                                        |  |                          |  |                                                                                                                        |  |
| 103P.020                                                             | 70703 | F                                                                                           | 5.0   | T                                      | 0   | T                                                                                                                                                                                        | R: 9 F: 13       | L: #:                                                                                                                                                                                    | 9 552906 6115879             | GIS                                                                                                                    |  |                          |  |                                                                                                                        |  |
| Comments: Falls are located upstream of the cascades                 |       |                                                                                             |       |                                        |     |                                                                                                                                                                                          |                  |                                                                                                                                                                                          |                              |                                                                                                                        |  |                          |  |                                                                                                                        |  |
| NID Map                                                              | NID   | Type                                                                                        | Hgt   | Method                                 | Lg  | Method                                                                                                                                                                                   | Photo            | AirPhoto                                                                                                                                                                                 | UTM (Zone/East/North/Method) |                                                                                                                        |  |                          |  |                                                                                                                        |  |
| 103P.020                                                             | 70702 | C                                                                                           | 100.0 | GE                                     | 100 | GE                                                                                                                                                                                       | R: 9 F: 12       | L: #:                                                                                                                                                                                    | 9 552980 6115879             | GIS                                                                                                                    |  |                          |  |                                                                                                                        |  |
| Comments: Numerous falls 10-30 m within the cascades                 |       |                                                                                             |       |                                        |     |                                                                                                                                                                                          |                  |                                                                                                                                                                                          |                              |                                                                                                                        |  |                          |  |                                                                                                                        |  |

February 12, 2001





# FDIS Site Card

Watershed Code: 400-362300-67500-00000-0000-0000-000-000-000-000

Reach #    ILP Map #    ILP #    Site  
4.0             704

| HABITAT QUALITY  |   |                                          |                                                                                            |          |                                                                |
|------------------|---|------------------------------------------|--------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------|
| Name             |   |                                          | Comments                                                                                   |          |                                                                |
| Spawning Habitat |   |                                          | Moderate to high value salmonid spawning habitat-suitable gravels and adequate water depth |          |                                                                |
| Rearing Habitat  |   |                                          | High value salmonid rearing habitat-cover, LWD, boulder, substrates, and gradient          |          |                                                                |
| PHOTOS           |   |                                          |                                                                                            |          |                                                                |
| Photo            |   | Foc Lg                                   | Dir                                                                                        | Comments |                                                                |
| R:               | 9 | F: 10                                    | STD                                                                                        | U        | Upstream photo of the representative habitat within the site   |
| R:               | 9 | F: 11                                    | STD                                                                                        | D        | Downstream photo of the representative habitat within the site |
| R:               | 9 | F: 12                                    | STD                                                                                        | NS       | Photo of 100 m cascades                                        |
| R:               | 9 | F: 13                                    | STD                                                                                        | NS       | Photo of a 5 m falls                                           |
| COMMENTS         |   |                                          |                                                                                            |          |                                                                |
| Section          |   | Comments                                 |                                                                                            |          |                                                                |
| SITE CARD        |   | Fish form 30520                          |                                                                                            |          |                                                                |
| CHANNEL          |   | Cascades prevent upstream fish migration |                                                                                            |          |                                                                |
| CHANNEL          |   | S5 Stream                                |                                                                                            |          |                                                                |



# FDIS Fish Form

Reach #      ILP Map #      ILP #

Watershed Code:      400-362300-67500-00000-00000-0000-000-000-000-000-000

4.0

| WATERBODY                                                   |          |       |                          |            |                |                |                |                 |              |             |               |                                    |  |
|-------------------------------------------------------------|----------|-------|--------------------------|------------|----------------|----------------|----------------|-----------------|--------------|-------------|---------------|------------------------------------|--|
| Gazetted Name:                                              |          |       |                          |            |                |                |                |                 |              | Local: None |               |                                    |  |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-0 |          |       |                          |            |                |                |                |                 |              |             |               |                                    |  |
| WS Code: 400-362300-67500-00000-0000-000-000-000-000-000    |          |       |                          |            |                |                |                |                 |              |             |               |                                    |  |
| Waterbody ID:                                               |          |       |                          |            | ILP Map #:     |                |                | ILP #:          |              | Reach #:    |               | 4 -                                |  |
| Project ID: 3476                                            |          |       |                          |            | Lake/Stream: S |                |                | Lake From Date: |              |             |               |                                    |  |
| Fish Permit #: 25350K                                       |          |       | Date: 2000/08/04         |            |                | To: 2000/08/04 |                |                 | Agency: C172 |             | Crew: JH/KT   | Resample: <input type="checkbox"/> |  |
| SITE / METHOD                                               |          |       |                          |            |                |                |                |                 |              |             |               |                                    |  |
| Site#                                                       | NID Map  | NID # | UTM:Zone/East/North/Mthd |            |                |                | MTD/NO         | Temp            | Cond         | Turbid      | Comment       |                                    |  |
| 705                                                         | 103P.020 | 70505 |                          |            |                |                | EF 1           | 8               | 90           | L           |               |                                    |  |
| 704                                                         | 103P.020 | 70504 |                          |            |                |                | EF 1           | 8               | 90           | L           |               |                                    |  |
| A. GEAR SETTINGS                                            |          |       |                          |            |                |                |                |                 |              |             |               |                                    |  |
| Site#                                                       | MTD/NO   | H/P   | Date In                  | Time In    | Date Out       | Time Out       | Comment        |                 |              |             |               |                                    |  |
| 705                                                         | EF       | 1     | 1                        | 2000/08/04 | 11:00          | 2000/08/04     | 11:30          |                 |              |             |               |                                    |  |
| 704                                                         | EF       | 1     | 1                        | 2000/08/04 | 10:38          | 2000/08/04     | 10:55          |                 |              |             |               |                                    |  |
| C. ELECTROFISHER SPECIFICATIONS                             |          |       |                          |            |                |                |                |                 |              |             |               |                                    |  |
| Site#                                                       | MTD/NO   | H/P   | Encl                     | Sec        | Lnth           | Width          | Voltage        | Frequency       | Pulse        | Make        | Model         |                                    |  |
| 705                                                         | EF       | 1     | 1                        | O          | 570            | 200.0          | 6.0            | 600             | 60           | 6           | SMITH<br>ROOT | 12B                                |  |
| 704                                                         | EF       | 1     | 1                        | O          | 380            | 500.0          | 12.0           | 600             | 70           | 6           | SMITH<br>ROOT | 12B                                |  |
| FISH SUMMARY                                                |          |       |                          |            |                |                |                |                 |              |             |               |                                    |  |
| Site#                                                       | MTD/NO   | H/P   | Species                  | Stage      | Age            | Total #        | Lgth (Min/Max) | FishAct         | Comment      |             |               |                                    |  |
| 705                                                         | EF       | 1     | 1                        | NFC        |                | 0              |                |                 |              |             |               |                                    |  |
| 704                                                         | EF       | 1     | 1                        | NFC        |                | 0              |                |                 |              |             |               |                                    |  |

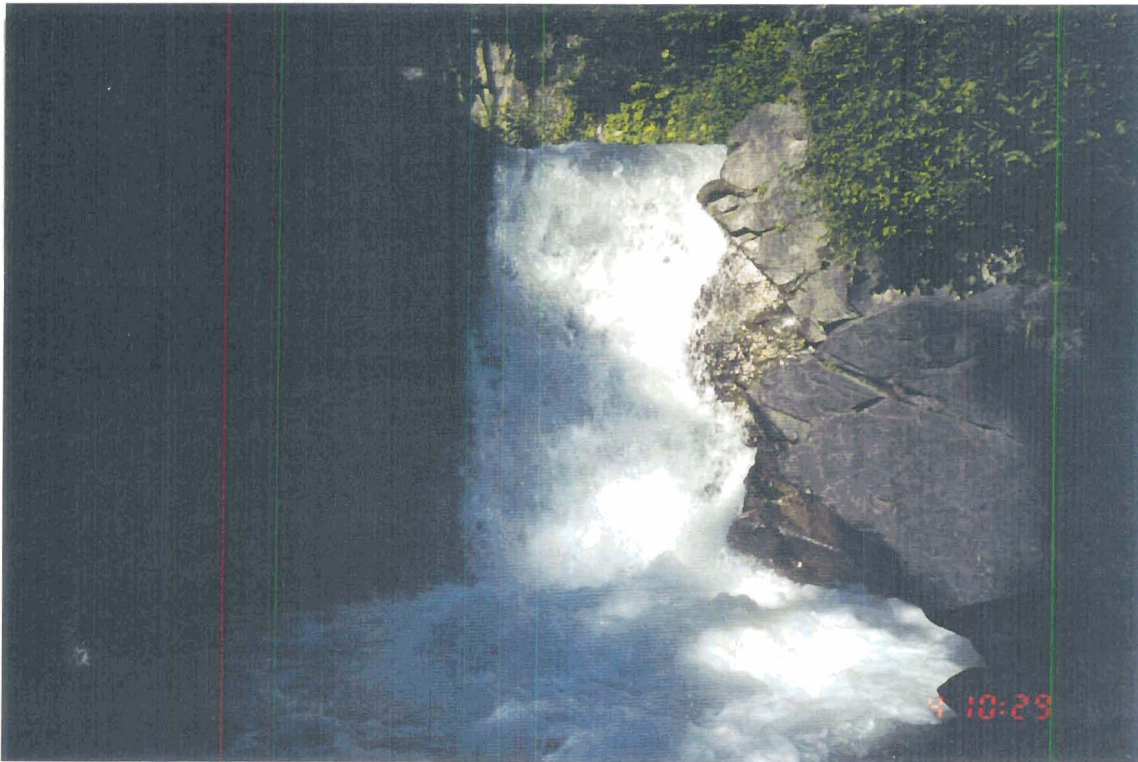


Site #704, Photo of 100 m cascades  
Roll #9, Frame #12, Date: 2000/08/04



Site #704, Upstream photo of the representative habitat within the site  
Roll #9, Frame #10, Date: 2000/08/04





Site #704, Photo of a 5 m falls  
Roll #9, Frame #13, Date: 2000/08/04



Site #704, Downstream photo of the representative habitat within the site  
Roll #9, Frame #11, Date: 2000/08/04

## Stream Reach/Site Summary Report

| Reach # | ILP Map # | ILP # |
|---------|-----------|-------|
|---------|-----------|-------|

**Watershed Code:** 400-362300-67500-00000-00000-000-000-000-000-000-000

4.0

| SITE                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                             |                          |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
|----------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|------|----|----|----|-------------------|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|------|-------|-----|---|
| Site #: 705                                                                                        |                                     | GIS UTM (Zone/East/North)<br>9    551197    6115138                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | Date: 2000/08/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | Agency: C172                |                          | Crew: JH/KT                                                                                                                   |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| Site Lg (m): 200                                                                                   |                                     | Ref. Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                             |                          |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| CHANNEL                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                             |                          |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| No Vis.Ch.: <input type="checkbox"/> Intermittent:                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Avg</th> <th>Min</th> <th>Max</th> <th>#</th> </tr> <tr> <td>Channel Width (m):</td> <td>5.50</td> <td>4</td> <td>7</td> <td>6</td> </tr> <tr> <td>Wetted Width (m):</td> <td>3.78</td> <td>3</td> <td>5.1</td> <td>6</td> </tr> <tr> <td>Wb Depth (m):</td> <td>1.17</td> <td>1</td> <td>1.5</td> <td>3</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | Avg                         | Min                      | Max                                                                                                                           | #                   | Channel Width (m): | 5.50 | 4  | 7  | 6  | Wetted Width (m): | 3.78    | 3                        | 5.1                      | 6                        | Wb Depth (m):            | 1.17                     | 1                        | 1.5                      | 3           | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Avg %</th> <th>Min %</th> <th>Max %</th> <th>#</th> </tr> <tr> <td>Gadient %:</td> <td>7.00</td> <td>8</td> <td>8</td> <td>4</td> </tr> <tr> <td>Pool Depth (m):</td> <td>0.42</td> <td>0.300</td> <td>0.5</td> <td>6</td> </tr> </table> |                                     |                                     |                                     | Avg %                               | Min %                    | Max %                    | #                             | Gadient %:               | 7.00                     | 8                        | 8                        | 4                        | Pool Depth (m): | 0.42 | 0.300 | 0.5 | 6 |
| Avg                                                                                                | Min                                 | Max                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | #                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                             |                          |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| Channel Width (m):                                                                                 | 5.50                                | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7                                   | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                             |                          |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| Wetted Width (m):                                                                                  | 3.78                                | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 5.1                                 | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                             |                          |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| Wb Depth (m):                                                                                      | 1.17                                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.5                                 | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                             |                          |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| Avg %                                                                                              | Min %                               | Max %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | #                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                             |                          |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| Gadient %:                                                                                         | 7.00                                | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8                                   | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                             |                          |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| Pool Depth (m):                                                                                    | 0.42                                | 0.300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0.5                                 | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                             |                          |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/>                                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                             |                          |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |                                     | Temp (C): 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | pH: 7.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | Cond.: 90                   |                          | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input checked="" type="checkbox"/> L <input type="checkbox"/> C |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| MORPHOLOGY                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                             |                          |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| Bed Material: Dominant: C                                                                          |                                     | Subdom: G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                             |                          |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| D95: 100.00                                                                                        |                                     | D (cm): 30.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                             |                          |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| Pattern: SI                                                                                        |                                     | Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                             |                          |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| Coupling: PC                                                                                       |                                     | Confinement: FC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">DISTURBANCE INDICATORS</div> <table border="1" style="width: 50%; border-collapse: collapse;"> <tr> <td>O1</td><td>B1</td><td>B2</td><td>B3</td><td>D1</td><td>D2</td><td>D3</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>C1</td><td>C2</td><td>C3</td><td>C4</td><td>C5</td><td>S1</td><td>S2</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> </div> |                                     |                             |                          |                                                                                                                               |                     | O1                 | B1   | B2 | B3 | D1 | D2                | D3      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C1          | C2                                                                                                                                                                                                                                                                                                                    | C3                                  | C4                                  | C5                                  | S1                                  | S2                       | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |      |       |     |   |
| O1                                                                                                 | B1                                  | B2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | B3                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                             |                          |                                                                                                                               |                     | D1                 | D2   | D3 |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| <input type="checkbox"/>                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <input type="checkbox"/>    |                          |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| C1                                                                                                 | C2                                  | C3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C4                                  | C5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | S1                                  | S2                          |                          |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| <input type="checkbox"/>                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <input type="checkbox"/>    |                          |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| Morph: CP                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                             |                          |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| COVER                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                             |                          |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| Total: M                                                                                           |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> <tr> <td>Amount:</td> <td>T</td> <td>T</td> <td>S</td> <td>T</td> <td>D</td> <td>N</td> <td>N</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                             |                          | Type:                                                                                                                         | SWD                 | LWD                | B    | U  | DP | OV | IV                | Amount: | T                        | T                        | S                        | T                        | D                        | N                        | N                        | Loc: P/S/O: | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FSZ: <input type="checkbox"/> |                          |                          |                          |                          |                          |                 |      |       |     |   |
| Type:                                                                                              | SWD                                 | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | B                                   | U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DP                                  | OV                          | IV                       |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| Amount:                                                                                            | T                                   | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | S                                   | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D                                   | N                           | N                        |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| Loc: P/S/O:                                                                                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| LWD: F                                                                                             |                                     | DIST: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | CROWN CLOSURE<br>1    1-20% |                          |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| RB SHP: U                                                                                          |                                     | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | RIP: S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | STG: SHR                    |                          |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| LB SHP: U                                                                                          |                                     | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | RIP: S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | STG: SHR                    |                          |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| FISH                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                             |                          |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| Site Number                                                                                        | Capture Method                      | Number of Events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total Length (m)                    | Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Voltage                             | Species                     | Total Fish               | Minimum Length (mm)                                                                                                           | Maximum Length (mm) |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| 704                                                                                                | EF                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 500                                 | 380 sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 600                                 | NFC                         | 0                        |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |
| 705                                                                                                | EF                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 200                                 | 570 sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 600                                 | NFC                         | 0                        |                                                                                                                               |                     |                    |      |    |    |    |                   |         |                          |                          |                          |                          |                          |                          |                          |             |                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                          |                          |                               |                          |                          |                          |                          |                          |                 |      |       |     |   |



# FDIS Site Card

Watershed Code: 400-362300-67500-00000-00000-000-000-000-000-000

Reach # 4.0 ILP Map # ILP # Site 705

| PROJECT                                                                                                                                                                               |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------|--|--|
| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                | Project Code: 3476                                                                                                            |                                      |           |  |  |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                      |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| Project Watershed Code: 400-000000-00000-00000-00000-000-000-000-000-000-000                                                                                                          |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| WATERSHED                                                                                                                                                                             |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| Gazetted Name:                                                                                                                                                                        |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                | Local Name: None                                                                                                              |                                      |           |  |  |
| Watershed Code: 400-362300-67500-00000-00000-00000-000-000-000-000-000-000                                                                                                            |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| ILP Map#:                                                                                                                                                                             |                                     | ILP #:                                                   |                                     | NID Map #: 103P.020                 |                                     |                          | NID #: 70505             |                                                                                                                                                                                                | Reach #: 4.0                                   |                                                                                                                               | Site #: 705                          |           |  |  |
| Field UTM(Zone/East/North/Method)                                                                                                                                                     |                                     |                                                          |                                     | GIS UTM(Zone/East/North)            |                                     |                          |                          | Site Lg: 200                                                                                                                                                                                   |                                                | Method: HC                                                                                                                    |                                      | Access: H |  |  |
|                                                                                                                                                                                       |                                     |                                                          |                                     | 9 551197 6115138                    |                                     |                          |                          | Ref. Name:                                                                                                                                                                                     |                                                |                                                                                                                               |                                      |           |  |  |
| Date: 2000/08/04                                                                                                                                                                      |                                     | Time: 11:00                                              |                                     | Agency: C172                        |                                     |                          | Crew: JH/KT              |                                                                                                                                                                                                | Fish Crd?: <input checked="" type="checkbox"/> |                                                                                                                               | Incomplete: <input type="checkbox"/> |           |  |  |
| CHANNEL                                                                                                                                                                               |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
|                                                                                                                                                                                       |                                     | Mtd                                                      | width                               | width                               | width                               | width                    | width                    | width                                                                                                                                                                                          | width                                          | width                                                                                                                         | width                                | Avg       |  |  |
| Channel Width (m):                                                                                                                                                                    |                                     | T                                                        | 5.00                                | 5.00                                | 4.00                                | 6.00                     | 7.00                     | 6.00                                                                                                                                                                                           |                                                |                                                                                                                               |                                      | 5.50      |  |  |
| Wetted Width (m):                                                                                                                                                                     |                                     | T                                                        | 3.50                                | 3.00                                | 3.80                                | 4.20                     | 5.10                     | 3.10                                                                                                                                                                                           |                                                |                                                                                                                               |                                      | 3.78      |  |  |
| Pool Depth (m):                                                                                                                                                                       |                                     | MS                                                       | 0.40                                | 0.30                                | 0.40                                | 0.50                     | 0.50                     | 0.40                                                                                                                                                                                           |                                                |                                                                                                                               |                                      | 0.42      |  |  |
| Wb Depth:                                                                                                                                                                             |                                     | 1.0                                                      | 1.0                                 | 1.5                                 | Avg: 1.17                           |                          |                          | Method: T                                                                                                                                                                                      |                                                | Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/>                            |                                      |           |  |  |
| COVER Total: M                                                                                                                                                                        |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| Type:                                                                                                                                                                                 | SWD                                 | LWD                                                      | B                                   | U                                   | DP                                  | OV                       | IV                       | CROWN CLOSURE                                                                                                                                                                                  |                                                |                                                                                                                               |                                      |           |  |  |
| Amount:                                                                                                                                                                               | T                                   | T                                                        | S                                   | T                                   | D                                   | N                        | N                        | 1 1-20%                                                                                                                                                                                        |                                                |                                                                                                                               |                                      |           |  |  |
| Loc: P/S/O:                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/>                                                           |                                                |                                                                                                                               |                                      |           |  |  |
| LWD: F DIST: C                                                                                                                                                                        |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| LB SHP: U                                                                                                                                                                             |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| RIP: S                                                                                                                                                                                |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| STG: SHR                                                                                                                                                                              |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| RB SHP: U                                                                                                                                                                             |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| RIP: S                                                                                                                                                                                |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| STG: SHR                                                                                                                                                                              |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| WATER                                                                                                                                                                                 |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| EMS:                                                                                                                                                                                  |                                     |                                                          |                                     |                                     | Req #:                              |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| Temp: 8                                                                                                                                                                               |                                     |                                                          |                                     |                                     | Method: T3                          |                          |                          |                                                                                                                                                                                                |                                                | Cond.: 90                                                                                                                     |                                      |           |  |  |
| pH: 7.0                                                                                                                                                                               |                                     |                                                          |                                     |                                     | Method: P2                          |                          |                          |                                                                                                                                                                                                |                                                | Method: S4                                                                                                                    |                                      |           |  |  |
| Flood Signs: RAFTED DEBRIS                                                                                                                                                            |                                     |                                                          |                                     |                                     | Method: GE                          |                          |                          |                                                                                                                                                                                                |                                                | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input checked="" type="checkbox"/> L <input type="checkbox"/> C |                                      |           |  |  |
|                                                                                                                                                                                       |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                | Method: GE                                                                                                                    |                                      |           |  |  |
| MORPHOLOGY                                                                                                                                                                            |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| Bed Material:                                                                                                                                                                         |                                     | Dominant: C                                              |                                     | Subdom: G                           |                                     | Morph: CP                |                          | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                           |                                                |                                                                                                                               |                                      |           |  |  |
| D95: 100.0                                                                                                                                                                            |                                     | D (cm): 30.00                                            |                                     |                                     |                                     |                          |                          | DISTURBANCE INDICATORS                                                                                                                                                                         |                                                |                                                                                                                               |                                      |           |  |  |
| Pattern: SI                                                                                                                                                                           |                                     |                                                          |                                     |                                     |                                     |                          |                          | C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                  |                                                |                                                                                                                               |                                      |           |  |  |
| Islands: N                                                                                                                                                                            |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| Coupling: PC                                                                                                                                                                          |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| Confinement: FC                                                                                                                                                                       |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| FSZ <input type="checkbox"/>                                                                                                                                                          |                                     |                                                          |                                     |                                     |                                     |                          |                          | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                                                |                                                                                                                               |                                      |           |  |  |
| HABITAT QUALITY                                                                                                                                                                       |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| Name                                                                                                                                                                                  |                                     | Comments                                                 |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| Overwinter Habitat                                                                                                                                                                    |                                     | Overwintering habitat limited by pools and depth         |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| Spawning Habitat                                                                                                                                                                      |                                     | Low value spawning habitat limited by velocity and depth |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| Rearing Habitat                                                                                                                                                                       |                                     | Low value salmonid rearing habitat-flows and substrates  |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| PHOTOS                                                                                                                                                                                |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| Photo                                                                                                                                                                                 |                                     | Foc Lg                                                   |                                     | Dir                                 |                                     | Comments                 |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| R:                                                                                                                                                                                    | 9                                   | F:                                                       | 14                                  | STD                                 |                                     | U                        |                          | Upstream photo of the representative habitat within the site                                                                                                                                   |                                                |                                                                                                                               |                                      |           |  |  |
| R:                                                                                                                                                                                    | 9                                   | F:                                                       | 15                                  | STD                                 |                                     | D                        |                          | Downstream photo of the representative habitat within the site                                                                                                                                 |                                                |                                                                                                                               |                                      |           |  |  |
| COMMENTS                                                                                                                                                                              |                                     |                                                          |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |
| Section                                                                                                                                                                               |                                     | Comments                                                 |                                     |                                     |                                     |                          |                          |                                                                                                                                                                                                |                                                |                                                                                                                               |                                      |           |  |  |

FDIS Site Card

|                                                                      |                              | Reach # | ILP Map # | ILP # | Site |
|----------------------------------------------------------------------|------------------------------|---------|-----------|-------|------|
| Watershed Code: 400-362300-67500-00000-0000-0000-000-000-000-000-000 |                              | 4.0     |           |       | 705  |
| Section                                                              | Comments                     |         |           |       |      |
| SITE CARD                                                            | Fish form 16485              |         |           |       |      |
| CHANNEL                                                              | NFC upstream of the cascade. |         |           |       |      |
| CHANNEL                                                              | IS5 Stream                   |         |           |       |      |



# FDIS Fish Form

Reach #      ILP Map #      ILP #

Watershed Code:      400-362300-67500-00000-0000-0000-000-000-000-000-000

4.0

| WATERBODY                                                            |                |                         |                                 |                       |                 |                     |                       |                       |                |                                           |                |     |  |  |
|----------------------------------------------------------------------|----------------|-------------------------|---------------------------------|-----------------------|-----------------|---------------------|-----------------------|-----------------------|----------------|-------------------------------------------|----------------|-----|--|--|
| <b>Gazetted Name:</b>                                                |                |                         |                                 |                       |                 |                     |                       |                       |                | <b>Local:</b> None                        |                |     |  |  |
| <b>Project Code:</b> 400-000000-00000-00000-0000-000-000-000-000-0   |                |                         |                                 |                       |                 |                     |                       |                       |                |                                           |                |     |  |  |
| <b>WS Code:</b> 400-362300-67500-00000-0000-0000-000-000-000-000-000 |                |                         |                                 |                       |                 |                     |                       |                       |                |                                           |                |     |  |  |
| <b>Waterbody ID:</b>                                                 |                |                         |                                 | <b>ILP Map #:</b>     |                 |                     |                       | <b>ILP #:</b>         |                | <b>Reach #:</b> 4 -                       |                |     |  |  |
| <b>Project ID:</b> 3476                                              |                |                         |                                 |                       |                 |                     |                       | <b>Lake/Stream:</b> S |                | <b>Lake From Date:</b>                    |                |     |  |  |
| <b>Fish Permit #:</b> 25350K                                         |                | <b>Date:</b> 2000/08/04 |                                 | <b>To:</b> 2000/08/04 |                 | <b>Agency:</b> C172 |                       | <b>Crew:</b> JH/KT    |                | <b>Resample:</b> <input type="checkbox"/> |                |     |  |  |
| SITE / METHOD                                                        |                |                         |                                 |                       |                 |                     |                       |                       |                |                                           |                |     |  |  |
| <b>Site#</b>                                                         | <b>NID Map</b> | <b>NID #</b>            | <b>UTM:Zone/East/North/Mthd</b> |                       |                 | <b>MTD/NO</b>       |                       | <b>Temp</b>           | <b>Cond</b>    | <b>Turbid</b>                             | <b>Comment</b> |     |  |  |
| 705                                                                  | 103P.020       | 70505                   |                                 |                       |                 | EF                  | 1                     | 8                     | 90             | L                                         |                |     |  |  |
| 704                                                                  | 103P.020       | 70504                   |                                 |                       |                 | EF                  | 1                     | 8                     | 90             | L                                         |                |     |  |  |
| A. GEAR SETTINGS                                                     |                |                         |                                 |                       |                 |                     |                       |                       |                |                                           |                |     |  |  |
| <b>Site#</b>                                                         | <b>MTD/NO</b>  | <b>H/P</b>              | <b>Date In</b>                  | <b>Time In</b>        | <b>Date Out</b> | <b>Time Out</b>     | <b>Comment</b>        |                       |                |                                           |                |     |  |  |
| 705                                                                  | EF             | 1                       | 1                               | 2000/08/04            | 11:00           | 2000/08/04          | 11:30                 |                       |                |                                           |                |     |  |  |
| 704                                                                  | EF             | 1                       | 1                               | 2000/08/04            | 10:38           | 2000/08/04          | 10:55                 |                       |                |                                           |                |     |  |  |
| C. ELECTROFISHER SPECIFICATIONS                                      |                |                         |                                 |                       |                 |                     |                       |                       |                |                                           |                |     |  |  |
| <b>Site#</b>                                                         | <b>MTD/NO</b>  | <b>H/P</b>              | <b>Encl</b>                     | <b>Sec</b>            | <b>Lnth</b>     | <b>Width</b>        | <b>Voltage</b>        | <b>Frequency</b>      | <b>Pulse</b>   | <b>Make</b>                               | <b>Model</b>   |     |  |  |
| 705                                                                  | EF             | 1                       | 1                               | O                     | 570             | 200.0               | 6.0                   | 600                   | 60             | 6                                         | SMITH<br>ROOT  | 12B |  |  |
| 704                                                                  | EF             | 1                       | 1                               | O                     | 380             | 500.0               | 12.0                  | 600                   | 70             | 6                                         | SMITH<br>ROOT  | 12B |  |  |
| FISH SUMMARY                                                         |                |                         |                                 |                       |                 |                     |                       |                       |                |                                           |                |     |  |  |
| <b>Site#</b>                                                         | <b>MTD/NO</b>  | <b>H/P</b>              | <b>Species</b>                  | <b>Stage</b>          | <b>Age</b>      | <b>Total #</b>      | <b>Lgth (Min/Max)</b> |                       | <b>FishAct</b> | <b>Comment</b>                            |                |     |  |  |
| 705                                                                  | EF             | 1                       | 1                               | NFC                   |                 | 0                   |                       |                       |                |                                           |                |     |  |  |
| 704                                                                  | EF             | 1                       | 1                               | NFC                   |                 | 0                   |                       |                       |                |                                           |                |     |  |  |



Site #705, Upstream photo of the representative habitat within the site  
Roll #9, Frame #14. Date: 2000/08/04



Site #705, Downstream photo of the representative habitat within the site  
Roll #9, Frame #15. Date: 2000/08/04



# Stream Reach/Site Summary Report

Reach # ILP Map # ILP #

Watershed Code: 400-362300-74700-00000-0000-000-000-000-000-000

3.0

## STREAM REFERENCING

Gazetted Name:

Local Name: None

Watershed Code: 400-362300-74700-00000-0000-000-000-000-000-000

ILP Map #:

ILP #:

## REACH

Reach #: 3.0 UTM(Zone/East/North): 9.551963.6117424 Sample Type: B  
Length (km): 2.55 Gradient (%): 14.27 US Elev (m): 1342 Order: 3 Magnitude: 20  
Confinement: CO Coupling: CO Open water: A BGC Zone: ESSF  
Islands: N Bars: ☒ N ☐ SIDE ☐ DIAG ☐ MID ☐ SPAN ☐ BR Riparian Veg.: M Landuse: NO

## SITE

Site #: 706  
Site Lg (m): 350

GIS UTM(Zone/East/North)

9 552980 6117637

Date: 2000/08/04

Agency: C172

Crew: JH/KT

Ref. Name:

## CHANNEL

No Vis.Ch.: ☐ Intermittent: ☐

Dw: ☐ Tribs.: ☐

|                    | Avg  | Min   | Max   | # |
|--------------------|------|-------|-------|---|
| Channel Width (m): | 6.15 | 4.800 | 7.1   | 6 |
| Wetted Width (m):  | 4.35 | 4     | 4.800 | 6 |
| Wb Depth (m):      | 1.00 | 1     | 1     | 3 |

|                 | Avg % | Min % | Max % | # |
|-----------------|-------|-------|-------|---|
| Gadient %:      | 6.75  | 5     | 7     | 4 |
| Pool Depth (m): | 0.48  | 0.400 | 0.600 | 6 |

Stage: L ☐ M ☒ H ☐

Temp (C): 8

pH: 6.9

Cond.: 80

Turb.: ☐ T ☐ M ☐ L ☒ C

## MORPHOLOGY

Bed Material: Dominant: C  
D95: 80.00  
Pattern: IR  
Coupling: PC  
Morph: RP

Subdom: G  
D (cm): 15.00  
Islands: N  
Confinement: FC

Bars: ☒ N ☐ SIDE ☐ DIAG ☐ MID ☐ SPAN ☐ BR

O1 B1 B2 B3 D1 D2 D3

DISTURBANCE  
INDICATORS

C1 C2 C3 C4 C5 S1 S2 S3 S4 S5

## COVER

Total: A

|             |                                     |                                     |                                     |                                     |                                     |                                     |                          |
|-------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Type:       | SWD                                 | LWD                                 | B                                   | U                                   | DP                                  | OV                                  | IV                       |
| Amount:     | T                                   | T                                   | D                                   | T                                   | S                                   | S                                   | N                        |
| Loc: P/S/O: | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

FSZ: ☐

LWD: F

DIST: C

INSTREAM VEG: N ☒ A ☐ M ☐ V ☐

RB SHP: V

Texture: ☐ F ☒ G ☐ C ☐ B ☐ R ☐ A

RIP: M

STG: MF

LB SHP: V

Texture: ☐ F ☒ G ☐ C ☐ B ☐ R ☐ A

RIP: S

STG: SHR

CROWN CLOSURE

1 1-20%

# FDIS Site Card

Watershed Code: 400-362300-74700-00000-00000-00000-00000-00000-000

Reach # 3.0 ILP Map # ILP # 706 Site 706

| PROJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                      |       |                                                                                                                     |       |                                                                |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------|-----|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|--------------------|---|------|------|------|------|------|------|--|--|--|--|------|-------------------|---|------|------|------|------|------|------|--|--|--|--|------|-----------------|----|------|------|------|------|------|------|--|--|--|--|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------|-----|-----|-----------|-----|-----|----|------|------------|-----|-----|----|--|
| <div style="display: flex; justify-content: space-between;"> <div> <b>Project Name:</b> Mill Area 1:20K Stream Inventory Project<br/> <b>Stream Name (gaz.):</b> SKEENA RIVER<br/> <b>Project Watershed Code:</b> 400-000000-00000-00000-00000-00000-00000-000 </div> <div> <b>Project Code:</b> 3476 </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                                                      |       |                                                                                                                     |       |                                                                |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| WATERSHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                                                      |       |                                                                                                                     |       |                                                                |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>Gazetted Name:</b> _____ <b>Local Name:</b> None<br><b>Watershed Code:</b> 400-362300-74700-00000-00000-00000-00000-00000-00000-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                      |       |                                                                                                                     |       |                                                                |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>ILP Map#:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | <b>ILP #:</b>                                                                                        |       | <b>NID Map #:</b> 103P.030                                                                                          |       | <b>NID #:</b> 70506                                            |       | <b>Reach #:</b> 3.0                                                                                                                                                                          |       | <b>Site #:</b> 706                          |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>Field UTM(Zone/East/North/Method)</b><br><div style="border: 1px solid black; padding: 2px;"> 9 : 552980 : 6117637 </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                      |       | <b>GIS UTM(Zone/East/North)</b><br><div style="border: 1px solid black; padding: 2px;"> 9 : 552980 : 6117637 </div> |       | <b>Site Lg:</b> 350<br><b>Ref. Name:</b>                       |       | <b>Method:</b> HC                                                                                                                                                                            |       | <b>Access:</b> H                            |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>Date:</b> 2000/08/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | <b>Time:</b> 12:00                                                                                   |       | <b>Agency:</b> C172                                                                                                 |       | <b>Crew:</b> JH/KT                                             |       | <b>Fish Crd?:</b> <input checked="" type="checkbox"/>                                                                                                                                        |       | <b>Incomplete:</b> <input type="checkbox"/> |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| CHANNEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                                                      |       |                                                                                                                     |       |                                                                |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Mtd</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Channel Width (m):</td> <td>T</td> <td>5.40</td> <td>4.80</td> <td>6.30</td> <td>7.10</td> <td>6.80</td> <td>6.50</td> <td></td> <td></td> <td></td> <td></td> <td>6.15</td> </tr> <tr> <td>Wetted Width (m):</td> <td>T</td> <td>4.00</td> <td>4.10</td> <td>4.50</td> <td>4.80</td> <td>4.20</td> <td>4.50</td> <td></td> <td></td> <td></td> <td></td> <td>4.35</td> </tr> <tr> <td>Pool Depth (m):</td> <td>MS</td> <td>0.50</td> <td>0.40</td> <td>0.50</td> <td>0.60</td> <td>0.50</td> <td>0.40</td> <td></td> <td></td> <td></td> <td></td> <td>0.48</td> </tr> </tbody> </table> |              |                                                                                                      |       |                                                                                                                     |       |                                                                |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           | Mtd | width | width | width | width | width | width | width | width | width | width | Avg | Channel Width (m): | T | 5.40 | 4.80 | 6.30 | 7.10 | 6.80 | 6.50 |  |  |  |  | 6.15 | Wetted Width (m): | T | 4.00 | 4.10 | 4.50 | 4.80 | 4.20 | 4.50 |  |  |  |  | 4.35 | Pool Depth (m): | MS | 0.50 | 0.40 | 0.50 | 0.60 | 0.50 | 0.40 |  |  |  |  | 0.48 | <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Gadient %</th> <th>Mtd</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Method I:</td> <td>5.0</td> <td>7.0</td> <td>AL</td> <td>6.75</td> </tr> <tr> <td>Method II:</td> <td>8.0</td> <td>7.0</td> <td>AL</td> <td></td> </tr> </tbody> </table> |  |  | Gadient % | Mtd | Avg | Method I: | 5.0 | 7.0 | AL | 6.75 | Method II: | 8.0 | 7.0 | AL |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Mtd          | width                                                                                                | width | width                                                                                                               | width | width                                                          | width | width                                                                                                                                                                                        | width | width                                       | width | Avg                                                                                                       |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| Channel Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | T            | 5.40                                                                                                 | 4.80  | 6.30                                                                                                                | 7.10  | 6.80                                                           | 6.50  |                                                                                                                                                                                              |       |                                             |       | 6.15                                                                                                      |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| Wetted Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | T            | 4.00                                                                                                 | 4.10  | 4.50                                                                                                                | 4.80  | 4.20                                                           | 4.50  |                                                                                                                                                                                              |       |                                             |       | 4.35                                                                                                      |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| Pool Depth (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MS           | 0.50                                                                                                 | 0.40  | 0.50                                                                                                                | 0.60  | 0.50                                                           | 0.40  |                                                                                                                                                                                              |       |                                             |       | 0.48                                                                                                      |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Gadient %    | Mtd                                                                                                  | Avg   |                                                                                                                     |       |                                                                |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| Method I:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5.0          | 7.0                                                                                                  | AL    | 6.75                                                                                                                |       |                                                                |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| Method II:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8.0          | 7.0                                                                                                  | AL    |                                                                                                                     |       |                                                                |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>Wb Depth:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | 1.0                                                                                                  |       | 1.0                                                                                                                 |       | 1.0                                                            |       | <b>Avg:</b> 1.00                                                                                                                                                                             |       | <b>Method:</b> T                            |       | <b>Stage:</b> L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>COVER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                      |       | Total: A                                                                                                            |       |                                                                |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>Type:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              | SWD                                                                                                  |       | LWD                                                                                                                 |       | B                                                              |       | U                                                                                                                                                                                            |       | DP                                          |       | OV                                                                                                        |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>Amount:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              | T                                                                                                    |       | T                                                                                                                   |       | D                                                              |       | T                                                                                                                                                                                            |       | S                                           |       | S                                                                                                         |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>Loc: P/S/O:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              | <input checked="" type="checkbox"/>                                                                  |       | <input checked="" type="checkbox"/>                                                                                 |       | <input checked="" type="checkbox"/>                            |       | <input checked="" type="checkbox"/>                                                                                                                                                          |       | <input checked="" type="checkbox"/>         |       | <input checked="" type="checkbox"/>                                                                       |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>LWD: F</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                                      |       | <b>DIST: C</b>                                                                                                      |       |                                                                |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>LB SHP: V</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                                                      |       |                                                                                                                     |       |                                                                |       | <b>RB SHP: V</b>                                                                                                                                                                             |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>Texture:</b> <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                      |       |                                                                                                                     |       |                                                                |       | <b>Texture:</b> <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>RIP: S</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                                                      |       |                                                                                                                     |       |                                                                |       | <b>RIP: M</b>                                                                                                                                                                                |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>STG: SHR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                      |       |                                                                                                                     |       |                                                                |       | <b>STG: MF</b>                                                                                                                                                                               |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                                                                      |       |                                                                                                                     |       |                                                                |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>EMS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                                                      |       |                                                                                                                     |       |                                                                |       | <b>Req #:</b>                                                                                                                                                                                |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>Temp:</b> 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                      |       | <b>Method:</b> T3                                                                                                   |       |                                                                |       | <b>Cond.:</b> 80                                                                                                                                                                             |       |                                             |       | <b>Method:</b> S4                                                                                         |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>pH:</b> 6.9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                      |       | <b>Method:</b> P2                                                                                                   |       |                                                                |       | <b>Turb.:</b> <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C                                                         |       |                                             |       | <b>Method:</b> GE                                                                                         |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>Flood Signs:</b> RAFTED DEBRIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                                                      |       | <b>Method:</b> GE                                                                                                   |       |                                                                |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| MORPHOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                                                      |       |                                                                                                                     |       |                                                                |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>Bed Material:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              | <b>Dominant:</b> C                                                                                   |       | <b>Subdom:</b> G                                                                                                    |       |                                                                |       | <b>O1</b>                                                                                                                                                                                    |       | <b>B1</b>                                   |       | <b>B2</b>                                                                                                 |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>D95:</b> 80.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | <b>D (cm):</b> 15.00                                                                                 |       | <b>Morph:</b> RP                                                                                                    |       |                                                                |       | <b>D1</b>                                                                                                                                                                                    |       | <b>D2</b>                                   |       | <b>D3</b>                                                                                                 |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>Pattern:</b> IR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                                                      |       |                                                                                                                     |       |                                                                |       | <b>C1</b>                                                                                                                                                                                    |       | <b>C2</b>                                   |       | <b>C3</b>                                                                                                 |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>Islands:</b> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                                                      |       |                                                                                                                     |       |                                                                |       | <b>C4</b>                                                                                                                                                                                    |       | <b>C5</b>                                   |       | <b>S1</b>                                                                                                 |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>Coupling:</b> PC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                                                      |       |                                                                                                                     |       |                                                                |       | <b>S2</b>                                                                                                                                                                                    |       | <b>S3</b>                                   |       | <b>S4</b>                                                                                                 |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>Confinement:</b> FC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                      |       |                                                                                                                     |       |                                                                |       | <b>S5</b>                                                                                                                                                                                    |       | <b>S6</b>                                   |       | <b>S7</b>                                                                                                 |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>FSZ</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                                                      |       |                                                                                                                     |       |                                                                |       | <b>S8</b>                                                                                                                                                                                    |       | <b>S9</b>                                   |       | <b>S10</b>                                                                                                |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>Bars:</b> <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                                                                      |       |                                                                                                                     |       |                                                                |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| HABITAT QUALITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                                                      |       |                                                                                                                     |       |                                                                |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              | <b>Comments</b>                                                                                      |       |                                                                                                                     |       |                                                                |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| OverWinter Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              | Moderate overwintering habitat-suitable flows and deep pools                                         |       |                                                                                                                     |       |                                                                |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| Spawning Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | Moderate value salmonid spawning habitat-suitable substrates and adequate flow                       |       |                                                                                                                     |       |                                                                |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| Rearing Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | Moderate value salmonid rearing habitat-habitat complexity, perennial flows, and suitable substrates |       |                                                                                                                     |       |                                                                |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| PHOTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                                                      |       |                                                                                                                     |       |                                                                |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>Photo</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              | <b>Foc Lg</b>                                                                                        |       | <b>Dir</b>                                                                                                          |       | <b>Comments</b>                                                |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>R:</b> 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>F:</b> 16 | STD                                                                                                  |       | U                                                                                                                   |       | Upstream photo of the representative habitat within the site   |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>R:</b> 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>F:</b> 17 | STD                                                                                                  |       | D                                                                                                                   |       | Downstream photo of the representative habitat within the site |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                                                      |       |                                                                                                                     |       |                                                                |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |
| <b>Section</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              | <b>Comments</b>                                                                                      |       |                                                                                                                     |       |                                                                |       |                                                                                                                                                                                              |       |                                             |       |                                                                                                           |     |       |       |       |       |       |       |       |       |       |       |     |                    |   |      |      |      |      |      |      |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                                                                     |  |  |           |     |     |           |     |     |    |      |            |     |     |    |  |



## FDIS Site Card

|                                                                      |                                                                   | Reach # | ILP Map # | ILP # | Site |
|----------------------------------------------------------------------|-------------------------------------------------------------------|---------|-----------|-------|------|
| Watershed Code: 400-362300-74700-00000-0000-0000-000-000-000-000-000 |                                                                   | 3.0     |           |       | 706  |
| Section                                                              | Comments                                                          |         |           |       |      |
| SITE CARD                                                            | Fish form 30536                                                   |         |           |       |      |
| CHANNEL                                                              | NFC upstream of numerous cascades/falls viewed downstream of site |         |           |       |      |
| CHANNEL                                                              | S5 Stream                                                         |         |           |       |      |

## FDIS Fish Form

| Reach # | ILP Map # | ILP # |
|---------|-----------|-------|
|---------|-----------|-------|

**Watershed Code:** 400-362300-74700-000000-0000-0000-000-000-000-000-000-000

3.0

| WATERBODY                                                     |          |       |                          |            |                  |            |          |                |           |                 |               |              |             |  |                                    |
|---------------------------------------------------------------|----------|-------|--------------------------|------------|------------------|------------|----------|----------------|-----------|-----------------|---------------|--------------|-------------|--|------------------------------------|
| Gazetted Name:                                                |          |       |                          |            |                  |            |          |                |           | Local: None     |               |              |             |  |                                    |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-0   |          |       |                          |            |                  |            |          |                |           |                 |               |              |             |  |                                    |
| WS Code: 400-362300-74700-00000-0000-0000-000-000-000-000-000 |          |       |                          |            |                  |            |          |                |           |                 |               |              |             |  |                                    |
| Waterbody ID:                                                 |          |       |                          |            | ILP Map #:       |            |          |                |           | ILP #:          |               | Reach #: 3 - |             |  |                                    |
| Project ID: 3476                                              |          |       |                          |            | Lake/Stream: S   |            |          |                |           | Lake From Date: |               |              |             |  |                                    |
| Fish Permit #: 25350K                                         |          |       |                          |            | Date: 2000/08/04 |            |          | To: 2000/08/04 |           |                 | Agency: C172  |              | Crew: JH/KT |  | Resample: <input type="checkbox"/> |
| SITE / METHOD                                                 |          |       |                          |            |                  |            |          |                |           |                 |               |              |             |  |                                    |
| Site#                                                         | NID Map  | NID # | UTM:Zone/East/North/Mthd |            |                  |            | MTD/NO   |                | Temp      | Cond            | Turbid        | Comment      |             |  |                                    |
| 707                                                           | 103P.030 | 70507 |                          |            |                  |            | EF       | 1              | 8         | 80              | C             |              |             |  |                                    |
| 706                                                           | 103P.030 | 70506 |                          |            |                  |            | EF       | 1              | 8         | 80              | C             |              |             |  |                                    |
| A. GEAR SETTINGS                                              |          |       |                          |            |                  |            |          |                |           |                 |               |              |             |  |                                    |
| Site#                                                         | MTD/NO   |       | H/P                      | Date In    | Time In          | Date Out   | Time Out | Comment        |           |                 |               |              |             |  |                                    |
| 707                                                           | EF       | 1     | 1                        | 2000/08/04 | 12:30            | 2000/08/04 | 13:00    |                |           |                 |               |              |             |  |                                    |
| 706                                                           | EF       | 1     | 1                        | 2000/08/04 | 11:45            | 2000/08/04 | 12:15    |                |           |                 |               |              |             |  |                                    |
| C. ELECTROFISHER SPECIFICATIONS                               |          |       |                          |            |                  |            |          |                |           |                 |               |              |             |  |                                    |
| Site#                                                         | MTD/NO   |       | H/P                      | Encl       | Sec              | Lnth       | Width    | Voltage        | Frequency | Pulse           | Make          | Model        |             |  |                                    |
| 707                                                           | EF       | 1     | 1                        | O          | 480              | 350.0      | 5.0      | 600            | 60        | 6               | SMITH<br>ROOT | 12B          |             |  |                                    |
| 706                                                           | EF       | 1     | 1                        | O          | 520              | 350.0      | 6.0      | 600            | 60        | 6               | SMITH<br>ROOT | 12B          |             |  |                                    |
| FISH SUMMARY                                                  |          |       |                          |            |                  |            |          |                |           |                 |               |              |             |  |                                    |
| Site#                                                         | MTD/NO   |       | H/P                      | Species    | Stage            | Age        | Total #  | Lgth (Min/Max) | FishAct   | Comment         |               |              |             |  |                                    |
| 707                                                           | EF       | 1     | 1                        | NFC        |                  |            | 0        |                |           |                 |               |              |             |  |                                    |
| 706                                                           | EF       | 1     | 1                        | NFC        |                  |            | 0        |                |           |                 |               |              |             |  |                                    |





Site #706, Downstream photo of the representative habitat within the site  
Roll #9, Frame #17, Date: 2000/08/04



Site #706, Upstream photo of the representative habitat within the site  
Roll #9, Frame #16, Date: 2000/08/04

## Stream Reach/Site Summary Report

| Reach # | ILP Map # | ILP # |
|---------|-----------|-------|
|---------|-----------|-------|

**Watershed Code:** 400-362300-74700-00000-0000-0000-000-000-000-000-000

### 3.0

| SITE                                                                                                                                             |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |                                                                                       |                                                                            |                                                                                                                                                                                                |                          |                                                                                                                               |     |                    |      |       |       |    |                   |         |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |            |      |   |   |   |                 |      |       |       |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----|--------------------|------|-------|-------|----|-------------------|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------|------------|------|---|---|---|-----------------|------|-------|-------|---|
| Site #: 707<br>Site Lg (m): 350                                                                                                                  |                                                                                       | <div style="display: flex; justify-content: space-between;">GIS UTM(Zone/East/North)<br/>9      552239      6117563</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       | Date: 2000/08/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       | Agency: C172<br>Ref. Name:                                                            |                                                                            | Crew: JH/KT                                                                                                                                                                                    |                          |                                                                                                                               |     |                    |      |       |       |    |                   |         |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |            |      |   |   |   |                 |      |       |       |   |
| CHANNEL                                                                                                                                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |                                                                                       |                                                                            |                                                                                                                                                                                                |                          |                                                                                                                               |     |                    |      |       |       |    |                   |         |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |            |      |   |   |   |                 |      |       |       |   |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/><br><br>Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/> |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><th>Avg</th><th>Min</th><th>Max</th><th>#</th></tr> <tr><td>Channel Width (m):</td><td>5.10</td><td>4.800</td><td>5.300</td><td>6</td></tr> <tr><td>Wetted Width (m):</td><td>3.62</td><td>3.200</td><td>3.900</td><td>6</td></tr> <tr><td>Wb Depth (m):</td><td>1.00</td><td>1</td><td>1</td><td>3</td></tr> </table>                                                                                                                                                |                                                                                       |                                                                                       |                                                                            | Avg                                                                                                                                                                                            | Min                      | Max                                                                                                                           | #   | Channel Width (m): | 5.10 | 4.800 | 5.300 | 6  | Wetted Width (m): | 3.62    | 3.200                    | 3.900                    | 6                        | Wb Depth (m):            | 1.00                     | 1                        | 1                        | 3                        | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><th>Avg %</th><th>Min %</th><th>Max %</th><th>#</th></tr> <tr><td>Gadiant %:</td><td>7.50</td><td>7</td><td>8</td><td>4</td></tr> <tr><td>Pool Depth (m):</td><td>0.68</td><td>0.600</td><td>0.800</td><td>6</td></tr> </table> |                                                                                       |                                                                                       |                                                                                       | Avg %                                                                                 | Min %                                                                                 | Max %                                                                      | #                             | Gadiant %: | 7.50 | 7 | 8 | 4 | Pool Depth (m): | 0.68 | 0.600 | 0.800 | 6 |
| Avg                                                                                                                                              | Min                                                                                   | Max                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | #                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |                                                                                       |                                                                            |                                                                                                                                                                                                |                          |                                                                                                                               |     |                    |      |       |       |    |                   |         |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |            |      |   |   |   |                 |      |       |       |   |
| Channel Width (m):                                                                                                                               | 5.10                                                                                  | 4.800                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5.300                                                                                 | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                                                                                       |                                                                            |                                                                                                                                                                                                |                          |                                                                                                                               |     |                    |      |       |       |    |                   |         |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |            |      |   |   |   |                 |      |       |       |   |
| Wetted Width (m):                                                                                                                                | 3.62                                                                                  | 3.200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3.900                                                                                 | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                                                                                       |                                                                            |                                                                                                                                                                                                |                          |                                                                                                                               |     |                    |      |       |       |    |                   |         |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |            |      |   |   |   |                 |      |       |       |   |
| Wb Depth (m):                                                                                                                                    | 1.00                                                                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1                                                                                     | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                                                                                       |                                                                            |                                                                                                                                                                                                |                          |                                                                                                                               |     |                    |      |       |       |    |                   |         |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |            |      |   |   |   |                 |      |       |       |   |
| Avg %                                                                                                                                            | Min %                                                                                 | Max %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | #                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |                                                                                       |                                                                            |                                                                                                                                                                                                |                          |                                                                                                                               |     |                    |      |       |       |    |                   |         |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |            |      |   |   |   |                 |      |       |       |   |
| Gadiant %:                                                                                                                                       | 7.50                                                                                  | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8                                                                                     | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                                                                                       |                                                                            |                                                                                                                                                                                                |                          |                                                                                                                               |     |                    |      |       |       |    |                   |         |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |            |      |   |   |   |                 |      |       |       |   |
| Pool Depth (m):                                                                                                                                  | 0.68                                                                                  | 0.600                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0.800                                                                                 | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                                                                                       |                                                                            |                                                                                                                                                                                                |                          |                                                                                                                               |     |                    |      |       |       |    |                   |         |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |            |      |   |   |   |                 |      |       |       |   |
| Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/>                                               |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       | Temp (C): 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       | pH: 6.8                                                                               |                                                                            | Cond.: 80                                                                                                                                                                                      |                          | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |     |                    |      |       |       |    |                   |         |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |            |      |   |   |   |                 |      |       |       |   |
| MORPHOLOGY                                                                                                                                       |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |                                                                                       |                                                                            |                                                                                                                                                                                                |                          |                                                                                                                               |     |                    |      |       |       |    |                   |         |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |            |      |   |   |   |                 |      |       |       |   |
| Bed Material: Dominant: G<br>D95: 110.00<br>Pattern: SI<br>Coupling: CO<br>Morph: CP                                                             |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       | Subdom: C<br>D (cm): 35.00<br>Islands: N<br>Confinement: FC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                                                                       |                                                                            | Bars: <input type="checkbox"/> N <input checked="" type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                          |                                                                                                                               |     |                    |      |       |       |    |                   |         |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |            |      |   |   |   |                 |      |       |       |   |
|                                                                                                                                                  |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       | <table style="margin-left: auto; margin-right: auto;"> <tr><th>O1</th><th>B1</th><th>B2</th><th>B3</th><th>D1</th><th>D2</th><th>D3</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>                                                                                                                                     |                                                                                       |                                                                                       |                                                                            |                                                                                                                                                                                                |                          |                                                                                                                               |     | O1                 | B1   | B2    | B3    | D1 | D2                | D3      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |            |      |   |   |   |                 |      |       |       |   |
| O1                                                                                                                                               | B1                                                                                    | B2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | B3                                                                                    | D1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | D2                                                                                    | D3                                                                                    |                                                                            |                                                                                                                                                                                                |                          |                                                                                                                               |     |                    |      |       |       |    |                   |         |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |            |      |   |   |   |                 |      |       |       |   |
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| C1                                                                                                                                               | C2                                                                                    | C3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | C4                                                                                    | C5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | S1                                                                                    | S2                                                                                    | S3                                                                         | S4                                                                                                                                                                                             | S5                       |                                                                                                                               |     |                    |      |       |       |    |                   |         |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |            |      |   |   |   |                 |      |       |       |   |
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| COVER                                                                                                                                            |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |                                                                                       |                                                                            |                                                                                                                                                                                                |                          |                                                                                                                               |     |                    |      |       |       |    |                   |         |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |            |      |   |   |   |                 |      |       |       |   |
| Total: A                                                                                                                                         |                                                                                       | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><th>Type:</th><th>SWD</th><th>LWD</th><th>B</th><th>U</th><th>DP</th><th>OV</th><th>IV</th></tr> <tr><td>Amount:</td><td>T</td><td>S</td><td>T</td><td>T</td><td>D</td><td>T</td><td>N</td></tr> <tr><td>Loc: P/S/O:</td><td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td><td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td><td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td><td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td><td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td><td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td><td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td></tr> </table> |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |                                                                                       |                                                                            |                                                                                                                                                                                                |                          | Type:                                                                                                                         | SWD | LWD                | B    | U     | DP    | OV | IV                | Amount: | T                        | S                        | T                        | T                        | D                        | T                        | N                        | Loc: P/S/O:              | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | FSZ: <input type="checkbox"/> |            |      |   |   |   |                 |      |       |       |   |
| Type:                                                                                                                                            | SWD                                                                                   | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | B                                                                                     | U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DP                                                                                    | OV                                                                                    | IV                                                                         |                                                                                                                                                                                                |                          |                                                                                                                               |     |                    |      |       |       |    |                   |         |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |            |      |   |   |   |                 |      |       |       |   |
| Amount:                                                                                                                                          | T                                                                                     | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | T                                                                                     | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D                                                                                     | T                                                                                     | N                                                                          |                                                                                                                                                                                                |                          |                                                                                                                               |     |                    |      |       |       |    |                   |         |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |            |      |   |   |   |                 |      |       |       |   |
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| LWD: F                                                                                                                                           |                                                                                       | DIST: C      INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |                                                                                       |                                                                            |                                                                                                                                                                                                |                          |                                                                                                                               |     |                    |      |       |       |    |                   |         |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |            |      |   |   |   |                 |      |       |       |   |
| RB SHP: V                                                                                                                                        |                                                                                       | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       | RIP: M                                                                                |                                                                            | STG: MF                                                                                                                                                                                        |                          |                                                                                                                               |     |                    |      |       |       |    |                   |         |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |            |      |   |   |   |                 |      |       |       |   |
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| FISH                                                                                                                                             |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |                                                                                       |                                                                            |                                                                                                                                                                                                |                          |                                                                                                                               |     |                    |      |       |       |    |                   |         |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |            |      |   |   |   |                 |      |       |       |   |
| Site Number                                                                                                                                      | Capture Method                                                                        | Number of Events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Total Length (m)                                                                      | Total Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Voltage                                                                               | Species                                                                               | Total Fish                                                                 | Minimum Length (mm)                                                                                                                                                                            | Maximum Length (mm)      |                                                                                                                               |     |                    |      |       |       |    |                   |         |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |            |      |   |   |   |                 |      |       |       |   |
| 706                                                                                                                                              | EF                                                                                    | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 350                                                                                   | 520 sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 600                                                                                   | NFC                                                                                   | 0                                                                          |                                                                                                                                                                                                |                          |                                                                                                                               |     |                    |      |       |       |    |                   |         |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |            |      |   |   |   |                 |      |       |       |   |
| 707                                                                                                                                              | EF                                                                                    | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 350                                                                                   | 480 sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 600                                                                                   | NFC                                                                                   | 0                                                                          |                                                                                                                                                                                                |                          |                                                                                                                               |     |                    |      |       |       |    |                   |         |                          |                          |                          |                          |                          |                          |                          |                          |                                                                                                                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |            |      |   |   |   |                 |      |       |       |   |



# FDIS Site Card

Reach # ILP Map # ILP # Site  
3.0 707

Watershed Code: 400-362300-74700-00000-0000-000-000-000-000-000

| PROJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     |                                     |                                     |                                                                                   |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
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| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                     |                                                                                   |                                     |                          |                                                                                                                                      |       | Project Code: 3476                                                                                                                                                                                                                                                                                                                                                    |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                     |                                     |                                     |                                                                                   |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Project Watershed Code: 400-000000-00000-00000-0000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     |                                     |                                     |                                                                                   |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| WATERSHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                     |                                     |                                     |                                                                                   |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Gazetted Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                                                                   |                                     |                          |                                                                                                                                      |       | Local Name: None                                                                                                                                                                                                                                                                                                                                                      |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Watershed Code: 400-362300-74700-00000-00000-0000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     |                                     |                                     |                                                                                   |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| ILP Map#:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | ILP #:                              |                                     | NID Map #: 103P.030                 |                                                                                   |                                     | NID #: 70507             |                                                                                                                                      |       | Reach #: 3.0                                                                                                                                                                                                                                                                                                                                                          |            | Site #: 707                                                                                                                                  |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Field UTM(Zone/East/North/Method)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                     |                                     | GIS UTM(Zone/East/North)            |                                                                                   |                                     |                          | Site Lg: 350                                                                                                                         |       |                                                                                                                                                                                                                                                                                                                                                                       | Method: HC |                                                                                                                                              | Access: H |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                                     | 9 552239 6117563                    |                                                                                   |                                     |                          | Ref. Name:                                                                                                                           |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Date: 2000/08/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | Time: 12:30                         |                                     | Agency: C172                        |                                                                                   |                                     | Crew: JH/KT              |                                                                                                                                      |       | Fish Crd?: <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                        |            | Incomplete: <input type="checkbox"/>                                                                                                         |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| CHANNEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     |                                     |                                     |                                                                                   |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Mtd</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Channel Width (m):</td> <td>T</td> <td>5.10</td> <td>5.20</td> <td>4.80</td> <td>5.30</td> <td>4.90</td> <td>5.30</td> <td></td> <td></td> <td></td> <td></td> <td>5.10</td> </tr> <tr> <td>Wetted Width (m):</td> <td>T</td> <td>3.40</td> <td>3.90</td> <td>3.80</td> <td>3.60</td> <td>3.20</td> <td>3.80</td> <td></td> <td></td> <td></td> <td></td> <td>3.62</td> </tr> <tr> <td>Pool Depth (m):</td> <td>MS</td> <td>0.60</td> <td>0.65</td> <td>0.70</td> <td>0.80</td> <td>0.70</td> <td>0.60</td> <td></td> <td></td> <td></td> <td></td> <td>0.68</td> </tr> </tbody> </table> |                                     |                                     |                                     |                                     |                                                                                   |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              | Mtd       | width | width                    | width                    | width                    | width                    | width                    | width                    | width                    | width                    | width | Avg         | Channel Width (m):                  | T                                   | 5.10                                | 5.20                                | 4.80                                | 5.30                                | 4.90                     | 5.30          |  |  |  |  | 5.10 | Wetted Width (m): | T | 3.40 | 3.90 | 3.80 | 3.60 | 3.20 | 3.80 |  |  |  |  | 3.62 | Pool Depth (m): | MS | 0.60 | 0.65 | 0.70 | 0.80 | 0.70 | 0.60 |  |  |  |  | 0.68 | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Gadient %</th> <th>Mtd</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Method I:</td> <td>8.0 7.0</td> <td>AL</td> <td>7.50</td> </tr> <tr> <td>Method II:</td> <td>8.0 7.0</td> <td>AL</td> <td></td> </tr> </tbody> </table> |  |  |  | Gadient % | Mtd | Avg | Method I: | 8.0 7.0 | AL | 7.50 | Method II: | 8.0 7.0 | AL |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mtd                                 | width                               | width                               | width                               | width                                                                             | width                               | width                    | width                                                                                                                                | width | width                                                                                                                                                                                                                                                                                                                                                                 | width      | Avg                                                                                                                                          |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Channel Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | T                                   | 5.10                                | 5.20                                | 4.80                                | 5.30                                                                              | 4.90                                | 5.30                     |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            | 5.10                                                                                                                                         |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Wetted Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | T                                   | 3.40                                | 3.90                                | 3.80                                | 3.60                                                                              | 3.20                                | 3.80                     |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            | 3.62                                                                                                                                         |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Pool Depth (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MS                                  | 0.60                                | 0.65                                | 0.70                                | 0.80                                                                              | 0.70                                | 0.60                     |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            | 0.68                                                                                                                                         |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Gadient %                           | Mtd                                 | Avg                                 |                                     |                                                                                   |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Method I:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8.0 7.0                             | AL                                  | 7.50                                |                                     |                                                                                   |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Method II:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8.0 7.0                             | AL                                  |                                     |                                     |                                                                                   |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Wb Depth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | 1.0                                 | 1.0                                 | 1.0                                 | Avg: 1.00                                                                         |                                     |                          | Method: T                                                                                                                            |       | Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/>                                                                                                                                                                                                                                                                    |            | No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/><br>Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/> |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| COVER Total: A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                     |                                                                                   |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> </thead> <tbody> <tr> <td>Amount:</td> <td>T</td> <td>S</td> <td>T</td> <td>T</td> <td>D</td> <td>T</td> <td>N</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                                                                |                                     |                                     |                                     |                                     |                                                                                   |                                     |                          | Type:                                                                                                                                | SWD   | LWD                                                                                                                                                                                                                                                                                                                                                                   | B          | U                                                                                                                                            | DP        | OV    | IV                       | Amount:                  | T                        | S                        | T                        | T                        | D                        | T                        | N     | Loc: P/S/O: | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CROWN CLOSURE |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SWD                                 | LWD                                 | B                                   | U                                   | DP                                                                                | OV                                  | IV                       |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | T                                   | S                                   | T                                   | T                                   | D                                                                                 | T                                   | N                        |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Loc: P/S/O:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                                     |                                     |                                                                                   |                                     |                          | 1 1-20%                                                                                                                              |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                                     |                                     |                                                                                   |                                     |                          | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| LWD: F DIST: C<br>LB SHP: V<br>Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A<br>RIP: M<br>STG: MF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                     |                                     |                                     |                                                                                   |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| RB SHP: V<br>Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A<br>RIP: M<br>STG: MF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     |                                     |                                     |                                                                                   |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     |                                     |                                     |                                                                                   |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| EMS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                     |                                     | Req #:                                                                            |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Temp: 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     |                                     |                                     | Method: T3                                                                        |                                     |                          |                                                                                                                                      |       | Cond.: 80                                                                                                                                                                                                                                                                                                                                                             |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| pH: 6.8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     |                                     |                                     | Method: P2                                                                        |                                     |                          |                                                                                                                                      |       | Method: S4                                                                                                                                                                                                                                                                                                                                                            |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Flood Signs: RAFTED DEBRIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                     |                                     |                                     | Method: GE                                                                        |                                     |                          |                                                                                                                                      |       | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C Method: GE                                                                                                                                                                                                                              |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| MORPHOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                     |                                     |                                     |                                                                                   |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Bed Material: Dominant: G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                     |                                     |                                     | Subdom: C                                                                         |                                     |                          |                                                                                                                                      |       | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                                                                                                                                                                                                  |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| D95: 110.0 D (cm): 35.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                                     |                                     | Morph: CP                                                                         |                                     |                          |                                                                                                                                      |       | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> |            |                                                                                                                                              |           |       | <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"/> |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Pattern: SI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                     |                                     |                                     | DISTURBANCE INDICATORS                                                            |                                     |                          |                                                                                                                                      |       | C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                                                                                                                                                                                         |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                     |                                     |                                     |                                                                                   |                                     |                          |                                                                                                                                      |       | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> |            |                                                                                                                                              |           |       | <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"/> |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Coupling: CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                                                                                   |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Confinement: FC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                                     |                                     |                                                                                   |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| FSZ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                                     |                                     |                                                                                   |                                     |                          |                                                                                                                                      |       | Bars: <input type="checkbox"/> N <input checked="" type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                        |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| HABITAT QUALITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                                     |                                     |                                                                                   |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                     |                                     | Comments                                                                          |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| OverWinter Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                     |                                     |                                     | Limited overwintering habitat-few pools                                           |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Spawning Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                     |                                     |                                     | Moderate value spawning habitat suitable gravels and water velocity               |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Rearing Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                                     |                                     | Moderate value rearing habitat-boulders, pools, adequate flow, habitat complexity |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| PHOTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                     |                                     |                                                                                   |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Photo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     |                                     | Foc Lg                              |                                                                                   | Dir                                 |                          | Comments                                                                                                                             |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| R:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9                                   | F:                                  | 18                                  | STD                                 |                                                                                   | U                                   |                          | Upstream photo of representative habitat within site                                                                                 |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| R:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 9                                   | F:                                  | 19                                  | STD                                 |                                                                                   | D                                   |                          | Downstream photo of representative habitat within site                                                                               |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                                     |                                     |                                                                                   |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     |                                     |                                     | Comments                                                                          |                                     |                          |                                                                                                                                      |       |                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                              |           |       |                          |                          |                          |                          |                          |                          |                          |                          |       |             |                                     |                                     |                                     |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |

## FDIS Site Card

|                                                                      |                                                                                                                                                  | Reach # | ILP Map # | ILP # | Site |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------|-------|------|
| Watershed Code: 400-362300-74700-00000-0000-0000-000-000-000-000-000 |                                                                                                                                                  | 3.0     |           |       | 707  |
| Section                                                              | Comments                                                                                                                                         |         |           |       |      |
| CHANNEL                                                              | Bottom was basically visible throughout when walked around                                                                                       |         |           |       |      |
| CHANNEL                                                              | Much smaller than shown on 1:20 TRIM                                                                                                             |         |           |       |      |
| SITE CARD                                                            | Fish form 30474                                                                                                                                  |         |           |       |      |
| CHANNEL                                                              | NFC above numerous obstructions viewed from an aerial recce. Upstream lake was surveyed to be less than 0.5 m deep and approximately 50 m x 50 m |         |           |       |      |
| CHANNEL                                                              | S5 Stream                                                                                                                                        |         |           |       |      |



# FDIS Fish Form

Reach #      ILP Map #      ILP #

Watershed Code:      400-362300-74700-00000-0000-0000-000-000-000-000-000

3.0

| WATERBODY                                                     |          |       |                          |            |            |          |                |                |         |                 |               |     |  |
|---------------------------------------------------------------|----------|-------|--------------------------|------------|------------|----------|----------------|----------------|---------|-----------------|---------------|-----|--|
| Gazetted Name:                                                |          |       |                          |            |            |          |                |                |         | Local: None     |               |     |  |
| Project Code: 400-000000-00000-00000-0000-0000-000-000-000-0  |          |       |                          |            |            |          |                |                |         |                 |               |     |  |
| WS Code: 400-362300-74700-00000-0000-0000-000-000-000-000-000 |          |       |                          |            |            |          |                |                |         |                 |               |     |  |
| Waterbody ID:                                                 |          |       |                          | ILP Map #: |            |          |                | ILP #:         |         | Reach #: 3 -    |               |     |  |
| Project ID: 3476                                              |          |       |                          |            |            |          |                | Lake/Stream: S |         | Lake From Date: |               |     |  |
| SITE / METHOD                                                 |          |       |                          |            |            |          |                |                |         |                 |               |     |  |
| Site#                                                         | NID Map  | NID # | UTM:Zone/East/North/Mthd |            |            |          | MTD/NO         | Temp           | Cond    | Turbid          | Comment       |     |  |
| 707                                                           | 103P.030 | 70507 |                          |            |            |          | EF 1           | 8              | 80      | C               |               |     |  |
| 706                                                           | 103P.030 | 70506 |                          |            |            |          | EF 1           | 8              | 80      | C               |               |     |  |
| A. GEAR SETTINGS                                              |          |       |                          |            |            |          |                |                |         |                 |               |     |  |
| Site#                                                         | MTD/NO   | H/P   | Date In                  | Time In    | Date Out   | Time Out | Comment        |                |         |                 |               |     |  |
| 707                                                           | EF 1     | 1     | 2000/08/04               | 12:30      | 2000/08/04 | 13:00    |                |                |         |                 |               |     |  |
| 706                                                           | EF 1     | 1     | 2000/08/04               | 11:45      | 2000/08/04 | 12:15    |                |                |         |                 |               |     |  |
| C. ELECTROFISHER SPECIFICATIONS                               |          |       |                          |            |            |          |                |                |         |                 |               |     |  |
| Site#                                                         | MTD/NO   | H/P   | Encl                     | Sec        | Lnth       | Wdth     | Voltage        | Frequency      | Pulse   | Make            | Model         |     |  |
| 707                                                           | EF       | 1     | 1                        | O          | 480        | 350.0    | 5.0            | 600            | 60      | 6               | SMITH<br>ROOT | 12B |  |
| 706                                                           | EF       | 1     | 1                        | O          | 520        | 350.0    | 6.0            | 600            | 60      | 6               | SMITH<br>ROOT | 12B |  |
| FISH SUMMARY                                                  |          |       |                          |            |            |          |                |                |         |                 |               |     |  |
| Site#                                                         | MTD/NO   | H/P   | Species                  | Stage      | Age        | Total #  | Lgth (Min/Max) | FishAct        | Comment |                 |               |     |  |
| 707                                                           | EF       | 1     | 1                        | NFC        |            | 0        |                |                |         |                 |               |     |  |
| 706                                                           | EF       | 1     | 1                        | NFC        |            | 0        |                |                |         |                 |               |     |  |



Site #707, Downstream photo of representative habitat within site  
Roll #9, Frame #19, Date: 2000/08/04



Site #707, Upstream photo of representative habitat within site  
Roll #9, Frame #18, Date: 2000/08/04



## Stream Reach/Site Summary Report

| Reach # | ILP Map # | ILP # |
|---------|-----------|-------|
|---------|-----------|-------|

Watershed Code: 400-362300-74700-00000-0000-0000-000-000-000-000-000

2.0

| SITE                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                       |                                                                                       |                                                                                                                               |                                                       |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------|------|-----|-----|----|-------------------|---------|-----|-----|---|---------------|------|-----|---|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------|------|---|---|---|-----------------|------|-----|-------|---|
| Site #: 708                                                                                                                                  | GIS UTM (Zone/East/North)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                                                                      | Date: 2000/08/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       | Agency: C172                                                                          |                                                                                       | Crew: JH/KT                                                                                                                   |                                                       |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |
| Site Lg (m): 750                                                                                                                             | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 554954                                                                                | 6117308                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       | Ref. Name:                                                                            |                                                                                       |                                                                                                                               |                                                       |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |
| CHANNEL                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                       |                                                                                       |                                                                                                                               |                                                       |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |
| No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/><br>Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                      | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">Avg</th> <th style="width:15%;">Min</th> <th style="width:15%;">Max</th> <th style="width:15%;">#</th> </tr> <tr> <td>Channel Width (m):</td> <td>7.27</td> <td>6.5</td> <td>8.2</td> <td>6</td> </tr> <tr> <td>Wetted Width (m):</td> <td>4.83</td> <td>4.1</td> <td>5.6</td> <td>6</td> </tr> <tr> <td>Wb Depth (m):</td> <td>0.87</td> <td>0.8</td> <td>1</td> <td>3</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       | Avg                                                                                   | Min                                                                                   | Max                                                                                                                           | #                                                     | Channel Width (m): | 7.27 | 6.5 | 8.2 | 6  | Wetted Width (m): | 4.83    | 4.1 | 5.6 | 6 | Wb Depth (m): | 0.87 | 0.8 | 1 | 3           | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">Avg %</th> <th style="width:15%;">Min %</th> <th style="width:15%;">Max %</th> <th style="width:15%;">#</th> </tr> <tr> <td>Gadient %:</td> <td>5.75</td> <td>5</td> <td>6</td> <td>4</td> </tr> <tr> <td>Pool Depth (m):</td> <td>0.75</td> <td>0.7</td> <td>0.800</td> <td>6</td> </tr> </table> |                                                                                       |                                                                                       |                                                                                       | Avg %                                                                                 | Min %                                                                                 | Max %                                                                                 | #                                                                          | Gadient %:                    | 5.75 | 5 | 6 | 4 | Pool Depth (m): | 0.75 | 0.7 | 0.800 | 6 |
| Avg                                                                                                                                          | Min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Max                                                                                   | #                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                       |                                                                                       |                                                                                                                               |                                                       |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |
| Channel Width (m):                                                                                                                           | 7.27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6.5                                                                                   | 8.2                                                                                                                                  | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                                                               |                                                       |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |
| Wetted Width (m):                                                                                                                            | 4.83                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4.1                                                                                   | 5.6                                                                                                                                  | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                                                               |                                                       |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |
| Wb Depth (m):                                                                                                                                | 0.87                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0.8                                                                                   | 1                                                                                                                                    | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                                                               |                                                       |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |
| Avg %                                                                                                                                        | Min %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Max %                                                                                 | #                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                       |                                                                                       |                                                                                                                               |                                                       |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |
| Gadient %:                                                                                                                                   | 5.75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5                                                                                     | 6                                                                                                                                    | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                                                               |                                                       |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |
| Pool Depth (m):                                                                                                                              | 0.75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0.7                                                                                   | 0.800                                                                                                                                | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                                                               |                                                       |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |
| Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/>                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Temp (C): 8                                                                           |                                                                                                                                      | pH: 6.9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       | Cond.: 80                                                                             |                                                                                       | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                                                       |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |
| MORPHOLOGY                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                       |                                                                                       |                                                                                                                               |                                                       |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |
| Bed Material: Dominant: G                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Subdom: C                                                                             |                                                                                                                                      | Bars: <input type="checkbox"/> N <input checked="" type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       |                                                                                       |                                                                                       |                                                                                                                               |                                                       |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |
| D95: 100.00                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D (cm): 50.00                                                                         |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                       |                                                                                       |                                                                                                                               |                                                       |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |
| Pattern: SI                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Islands: N                                                                            |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                       |                                                                                       |                                                                                                                               |                                                       |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |
| Coupling: CO                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Confinement: FC                                                                       |                                                                                                                                      | O1 B1 B2 B3 D1 D2 D3<br><div style="display: flex; justify-content: space-around; width: 100%;"> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> C1 C2 C3 C4 C5 S1 S2 S3 S4 S5<br><div style="display: flex; justify-content: space-around; width: 100%;"> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> |                                                                                       |                                                                                       |                                                                                       |                                                                                                                               |                                                       |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |
| Morph: CP                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                       |                                                                                       |                                                                                                                               |                                                       |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |
| COVER                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                       |                                                                                       |                                                                                                                               |                                                       |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |
| Total: A                                                                                                                                     | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">Type:</th> <th style="width:10%;">SWD</th> <th style="width:10%;">LWD</th> <th style="width:10%;">B</th> <th style="width:10%;">U</th> <th style="width:10%;">DP</th> <th style="width:10%;">OV</th> <th style="width:10%;">IV</th> </tr> <tr> <td>Amount:</td> <td>T</td> <td>S</td> <td>S</td> <td>T</td> <td>D</td> <td>T</td> <td>N</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> </table> |                                                                                       |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                       |                                                                                       | Type:                                                                                                                         | SWD                                                   | LWD                | B    | U   | DP  | OV | IV                | Amount: | T   | S   | S | T             | D    | T   | N | Loc: P/S/O: | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | FSZ: <input type="checkbox"/> |      |   |   |   |                 |      |     |       |   |
| Type:                                                                                                                                        | SWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | LWD                                                                                   | B                                                                                                                                    | U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DP                                                                                    | OV                                                                                    | IV                                                                                    |                                                                                                                               |                                                       |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |
| Amount:                                                                                                                                      | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | S                                                                                     | S                                                                                                                                    | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D                                                                                     | T                                                                                     | N                                                                                     |                                                                                                                               |                                                       |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |
| Loc: P/S/O:                                                                                                                                  | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                    |                                                       |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |
| LWD: A                                                                                                                                       | DIST: C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                       |                                                                                       |                                                                                                                               |                                                       |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |
| RB SHP: V                                                                                                                                    | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       | RIP: M                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STG: MF                                                                               |                                                                                       |                                                                                       |                                                                                                                               |                                                       |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |
| LB SHP: V                                                                                                                                    | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       | RIP: M                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STG: MF                                                                               |                                                                                       |                                                                                       |                                                                                                                               |                                                       |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |
|                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                                                       |                                                                                       |                                                                                                                               | <b>CROWN CLOSURE</b><br>2                      21-40% |                    |      |     |     |    |                   |         |     |     |   |               |      |     |   |             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                               |      |   |   |   |                 |      |     |       |   |

| FISH        |                |                  |                  |            |         |         |            |                     |                     |
|-------------|----------------|------------------|------------------|------------|---------|---------|------------|---------------------|---------------------|
| Site Number | Capture Method | Number of Events | Total Length (m) | Total Time | Voltage | Species | Total Fish | Minimum Length (mm) | Maximum Length (mm) |
| 632         | EF             | 1                | 500              | 896 sec    | 600     | NFC     | 0          |                     |                     |
| 633         | EF             | 1                | 100              | 126 sec    | 600     | DV      | 6          | 115                 | 156                 |
| 708         | EF             | 1                | 750              | 1200 sec   | 600     | NFC     | 0          |                     |                     |

# FDIS Site Card

Watershed Code: 400-362300-74700-00000-0000-0000-000-000-000-000-000

Reach # 2.0 ILP Map # ILP # 708 Site 708

| PROJECT                                                                                                                                                                               |                                     |                                                                                                                                                                                       |                                     |                                     |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------|-----------|--------------------------|--|--------------------------|--|--------------------------|--|
| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                |                                     |                                                                                                                                                                                       |                                     |                                     |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                      |       | Project Code: 3476                                                                                                                       |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                      |                                     |                                                                                                                                                                                       |                                     |                                     |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| Project Watershed Code: 400-000000-000000-000000-0000-0000-000-000-000-000-000                                                                                                        |                                     |                                                                                                                                                                                       |                                     |                                     |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| WATERSHED                                                                                                                                                                             |                                     |                                                                                                                                                                                       |                                     |                                     |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| Gazetted Name:                                                                                                                                                                        |                                     |                                                                                                                                                                                       |                                     |                                     |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                      |       | Local Name: None                                                                                                                         |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| Watershed Code: 400-362300-74700-00000-00000-0000-0000-000-000-000-000-000                                                                                                            |                                     |                                                                                                                                                                                       |                                     |                                     |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| ILP Map#:                                                                                                                                                                             |                                     | ILP #:                                                                                                                                                                                |                                     | NID Map #: 103P.020                 |                                     |                                                                                                                                                                                                | NID #: 70508                        |                                                                                                                                      |       | Reach #: 2.0                                                                                                                             |                                                                                                    | Site #: 708                          |           |                          |  |                          |  |                          |  |
| Field UTM(Zone/East/North/Method)                                                                                                                                                     |                                     |                                                                                                                                                                                       |                                     | GIS UTM(Zone/East/North)            |                                     |                                                                                                                                                                                                |                                     | Site Lg: 750                                                                                                                         |       |                                                                                                                                          | Method: HC                                                                                         |                                      | Access: H |                          |  |                          |  |                          |  |
|                                                                                                                                                                                       |                                     |                                                                                                                                                                                       |                                     | 9 554954 6117308                    |                                     |                                                                                                                                                                                                |                                     | Ref. Name:                                                                                                                           |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| Date: 2000/08/04                                                                                                                                                                      |                                     | Time: 13:10                                                                                                                                                                           |                                     | Agency: C172                        |                                     |                                                                                                                                                                                                | Crew: JH/KT                         |                                                                                                                                      |       | Fish Crd?: <input checked="" type="checkbox"/>                                                                                           |                                                                                                    | Incomplete: <input type="checkbox"/> |           |                          |  |                          |  |                          |  |
| CHANNEL                                                                                                                                                                               |                                     |                                                                                                                                                                                       |                                     |                                     |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
|                                                                                                                                                                                       |                                     | Mtd                                                                                                                                                                                   | width                               | width                               | width                               | width                                                                                                                                                                                          | width                               | width                                                                                                                                | width | width                                                                                                                                    | width                                                                                              | width                                | Avg       |                          |  |                          |  |                          |  |
| Channel Width (m):                                                                                                                                                                    |                                     | T                                                                                                                                                                                     | 7.30                                | 8.20                                | 6.90                                | 6.50                                                                                                                                                                                           | 6.90                                | 7.80                                                                                                                                 |       |                                                                                                                                          |                                                                                                    |                                      | 7.27      |                          |  |                          |  |                          |  |
| Wetted Width (m):                                                                                                                                                                     |                                     | T                                                                                                                                                                                     | 5.60                                | 5.20                                | 5.10                                | 4.80                                                                                                                                                                                           | 4.10                                | 4.20                                                                                                                                 |       |                                                                                                                                          |                                                                                                    |                                      | 4.83      |                          |  |                          |  |                          |  |
| Pool Depth (m):                                                                                                                                                                       |                                     | MS                                                                                                                                                                                    | 0.80                                | 0.75                                | 0.70                                | 0.75                                                                                                                                                                                           | 0.70                                | 0.80                                                                                                                                 |       |                                                                                                                                          |                                                                                                    |                                      | 0.75      |                          |  |                          |  |                          |  |
| Wb Depth:                                                                                                                                                                             |                                     | 1.0                                                                                                                                                                                   | .8                                  | .8                                  | Avg: 0.87                           |                                                                                                                                                                                                |                                     | Method: T                                                                                                                            |       |                                                                                                                                          | Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |                                      |           |                          |  |                          |  |                          |  |
| COVER                                                                                                                                                                                 |                                     | Total: A                                                                                                                                                                              |                                     |                                     |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| Type:                                                                                                                                                                                 | SWD                                 | LWD                                                                                                                                                                                   | B                                   | U                                   | DP                                  | OV                                                                                                                                                                                             | IV                                  | CROWN CLOSURE                                                                                                                        |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| Amount:                                                                                                                                                                               | T                                   | S                                                                                                                                                                                     | S                                   | T                                   | D                                   | T                                                                                                                                                                                              | N                                   | 2 21-40%                                                                                                                             |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| Loc: P/S/O:                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                            | <input checked="" type="checkbox"/> | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| LWD: A                                                                                                                                                                                |                                     | DIST: C                                                                                                                                                                               |                                     |                                     |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| LB SHP: V                                                                                                                                                                             |                                     | RB SHP: V                                                                                                                                                                             |                                     |                                     |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                                     | Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A |                                     |                                     |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| RIP: M                                                                                                                                                                                |                                     | RIP: M                                                                                                                                                                                |                                     |                                     |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| STG: MF                                                                                                                                                                               |                                     | STG: MF                                                                                                                                                                               |                                     |                                     |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| WATER                                                                                                                                                                                 |                                     |                                                                                                                                                                                       |                                     |                                     |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| EMS:                                                                                                                                                                                  |                                     |                                                                                                                                                                                       |                                     |                                     | Req #:                              |                                                                                                                                                                                                |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| Temp: 8                                                                                                                                                                               |                                     |                                                                                                                                                                                       |                                     |                                     | Method: T3                          |                                                                                                                                                                                                |                                     |                                                                                                                                      |       | Cond.: 80                                                                                                                                |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| pH: 6.9                                                                                                                                                                               |                                     |                                                                                                                                                                                       |                                     |                                     | Method: P2                          |                                                                                                                                                                                                |                                     |                                                                                                                                      |       | Method: S4                                                                                                                               |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| Flood Signs: RAFTED DEBRIS                                                                                                                                                            |                                     |                                                                                                                                                                                       |                                     |                                     | Method: GE                          |                                                                                                                                                                                                |                                     |                                                                                                                                      |       | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C Method: GE |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| MORPHOLOGY                                                                                                                                                                            |                                     |                                                                                                                                                                                       |                                     |                                     |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| Bed Material:                                                                                                                                                                         |                                     | Dominant: G                                                                                                                                                                           |                                     | Subdom: C                           |                                     | O1                                                                                                                                                                                             |                                     | B1                                                                                                                                   |       | B2                                                                                                                                       |                                                                                                    | B3                                   |           | D1                       |  | D2                       |  | D3                       |  |
| D95: 100.0                                                                                                                                                                            |                                     | D (cm): 50.00                                                                                                                                                                         |                                     | Morph: CP                           |                                     | <input type="checkbox"/>                                                                                                                                                                       |                                     | <input type="checkbox"/>                                                                                                             |       | <input type="checkbox"/>                                                                                                                 |                                                                                                    | <input type="checkbox"/>             |           | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  |
| Pattern: SI                                                                                                                                                                           |                                     | Islands: N                                                                                                                                                                            |                                     | Coupling: CO                        |                                     | DISTURBANCE INDICATORS                                                                                                                                                                         |                                     | C1                                                                                                                                   |       | C2                                                                                                                                       |                                                                                                    | C3                                   |           | C4                       |  | C5                       |  | S1                       |  |
| Confinement: FC                                                                                                                                                                       |                                     | FSZ <input type="checkbox"/>                                                                                                                                                          |                                     |                                     |                                     | <input type="checkbox"/>                                                                                                                                                                       |                                     | <input type="checkbox"/>                                                                                                             |       | <input type="checkbox"/>                                                                                                                 |                                                                                                    | <input type="checkbox"/>             |           | <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  |
|                                                                                                                                                                                       |                                     |                                                                                                                                                                                       |                                     |                                     |                                     | Bars: <input type="checkbox"/> N <input checked="" type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| HABITAT QUALITY                                                                                                                                                                       |                                     |                                                                                                                                                                                       |                                     |                                     |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| Name                                                                                                                                                                                  |                                     | Comments                                                                                                                                                                              |                                     |                                     |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| OverWinter Habitat                                                                                                                                                                    |                                     | High value overwintering habitat-adequate flows and deep pools                                                                                                                        |                                     |                                     |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| Spawning Habitat                                                                                                                                                                      |                                     | High value salmonid spawning habitat-suitable gravels, water depth and velocity                                                                                                       |                                     |                                     |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| Rearing Habitat                                                                                                                                                                       |                                     | Moderate to high value salmonid rearing habitat-cover, boulders, LWD, habitat complexity,and perennial flows                                                                          |                                     |                                     |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| PHOTOS                                                                                                                                                                                |                                     |                                                                                                                                                                                       |                                     |                                     |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| Photo                                                                                                                                                                                 |                                     | Foc Lg                                                                                                                                                                                |                                     | Dir                                 |                                     | Comments                                                                                                                                                                                       |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| R:                                                                                                                                                                                    | 9                                   | F:                                                                                                                                                                                    | 20                                  | STD                                 | D                                   | Downstream photo of the representative habitat within the site                                                                                                                                 |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| R:                                                                                                                                                                                    | 9                                   | F:                                                                                                                                                                                    | 21                                  | STD                                 | U                                   | Upstream photo of the representative habitat within the site                                                                                                                                   |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| COMMENTS                                                                                                                                                                              |                                     |                                                                                                                                                                                       |                                     |                                     |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |
| Section                                                                                                                                                                               |                                     | Comments                                                                                                                                                                              |                                     |                                     |                                     |                                                                                                                                                                                                |                                     |                                                                                                                                      |       |                                                                                                                                          |                                                                                                    |                                      |           |                          |  |                          |  |                          |  |



# FDIS Site Card

|                                                                      |                                          | Reach # | ILP Map # | ILP # | Site |
|----------------------------------------------------------------------|------------------------------------------|---------|-----------|-------|------|
| Watershed Code: 400-362300-74700-00000-0000-0000-000-000-000-000-000 |                                          | 2.0     |           |       | 708  |
| Section                                                              | Comments                                 |         |           |       |      |
| SITE CARD                                                            | Fish form 30475                          |         |           |       |      |
| CHANNEL                                                              | NFC with extensive electrofishing effort |         |           |       |      |
| CHANNEL                                                              | S5 Stream                                |         |           |       |      |

# FDIS Fish Form

Reach # ILP Map # ILP #

Watershed Code: 400-362300-74700-00000-00000-000-000-000-000-000

2.0

| WATERBODY                                                   |          |       |                          |                |            |                |                |                 |                               |               |                 |     |                                    |        |         |
|-------------------------------------------------------------|----------|-------|--------------------------|----------------|------------|----------------|----------------|-----------------|-------------------------------|---------------|-----------------|-----|------------------------------------|--------|---------|
| Gazetted Name:                                              |          |       |                          |                |            |                |                |                 |                               | Local: None   |                 |     |                                    |        |         |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-0 |          |       |                          |                |            |                |                |                 |                               |               |                 |     |                                    |        |         |
| WS Code: 400-362300-74700-00000-0000-0000-000-000-000-000   |          |       |                          |                |            |                |                |                 |                               |               |                 |     |                                    |        |         |
| Waterbody ID:                                               |          |       |                          | ILP Map #:     |            |                |                | ILP #:          |                               | Reach #: 2 -  |                 |     |                                    |        |         |
| Project ID: 3476                                            |          |       |                          | Lake/Stream: S |            |                |                | Lake From Date: |                               |               |                 |     |                                    |        |         |
| Fish Permit #: 25350K                                       |          |       | Date: 2000/08/04         |                |            | To: 2000/08/04 |                |                 | Agency: C172                  |               | Crew: EM/JD/JH/ |     | Resample: <input type="checkbox"/> |        |         |
| SITE / METHOD                                               |          |       |                          |                |            |                |                |                 |                               |               |                 |     |                                    |        |         |
| Site#                                                       | NID Map  | NID # | UTM:Zone/East/North/Mthd |                |            | MTD/NO         | Temp           | Cond            | Turbid                        | Comment       |                 |     |                                    |        |         |
| 708                                                         | 103P.020 | 70508 |                          |                |            | EF 1           | 8              | 80              | C                             | Above cascade |                 |     |                                    |        |         |
| 633                                                         | 103P.020 | 60033 |                          |                |            | EF 1           | 12             | 40              | C                             | Below cascade |                 |     |                                    |        |         |
| 632                                                         | 103P.030 | 60032 |                          |                |            | EF 1           | 9              | 20              | C                             | Above cascade |                 |     |                                    |        |         |
| A. GEAR SETTINGS                                            |          |       |                          |                |            |                |                |                 |                               |               |                 |     |                                    |        |         |
| Site#                                                       | MTD/NO   | H/P   | Date In                  | Time In        | Date Out   | Time Out       | Comment        |                 |                               |               |                 |     |                                    |        |         |
| 708                                                         | EF 1     | 1     | 2000/08/04               | 13:10          | 2000/08/04 | 15:30          |                |                 |                               |               |                 |     |                                    |        |         |
| 633                                                         | EF 1     | 1     | 2000/08/04               | 13:15          | 2000/08/04 | 14:00          |                |                 |                               |               |                 |     |                                    |        |         |
| 632                                                         | EF 1     | 1     | 2000/08/04               | 11:25          | 2000/08/04 | 12:15          |                |                 |                               |               |                 |     |                                    |        |         |
| C. ELECTROFISHER SPECIFICATIONS                             |          |       |                          |                |            |                |                |                 |                               |               |                 |     |                                    |        |         |
| Site#                                                       | MTD/NO   | H/P   | Encl                     | Sec            | Lnth       | Width          | Voltage        | Frequency       | Pulse                         | Make          | Model           |     |                                    |        |         |
| 708                                                         | EF       | 1     | 1                        | O              | 1200       | 750.0          | 6.0            | 600             | 60                            | 6             | SMITH ROOT      | 12B |                                    |        |         |
| 633                                                         | EF       | 1     | 1                        | O              | 126        | 100.0          | 5.0            | 600             | 60                            | 6             | SMITH ROOT      | 12B |                                    |        |         |
| 632                                                         | EF       | 1     | 1                        | O              | 896        | 500.0          | 5.0            | 600             | 60                            | 6             | SMITH ROOT      | 12B |                                    |        |         |
| FISH SUMMARY                                                |          |       |                          |                |            |                |                |                 |                               |               |                 |     |                                    |        |         |
| Site#                                                       | MTD/NO   | H/P   | Species                  | Stage          | Age        | Total #        | Lgth (Min/Max) | FishAct         | Comment                       |               |                 |     |                                    |        |         |
| 708                                                         | EF       | 1     | 1                        | NFC            |            | 0              |                |                 |                               |               |                 |     |                                    |        |         |
| 633                                                         | EF       | 1     | 1                        | DV             | J          | 6              | 115 156        | R               | Fish caught below the cascade |               |                 |     |                                    |        |         |
| 632                                                         | EF       | 1     | 1                        | NFC            |            | 0              |                |                 |                               |               |                 |     |                                    |        |         |
| INDIVIDUAL FISH DATA                                        |          |       |                          |                |            |                |                |                 |                               |               |                 |     |                                    |        |         |
| Site#                                                       | MTD/NO   | H/P   | Species                  | Length         | Weight     | Sex            | Mat            | Age             |                               | Vch#          | Genetic         |     | Roll #                             | Frame# | Comment |
|                                                             |          |       |                          |                |            |                |                | Str/Smpl#       | Age                           |               | Str/Smpl#       |     |                                    |        |         |
| 633                                                         | EF       | 1     | 1                        | DV             | 115        |                | U              | U               |                               |               |                 |     |                                    |        |         |
| 633                                                         | EF       | 1     | 1                        | DV             | 146        |                | U              | U               |                               |               |                 |     |                                    |        |         |
| 633                                                         | EF       | 1     | 1                        | DV             | 156        |                | U              | U               |                               |               |                 |     |                                    |        |         |
| 633                                                         | EF       | 1     | 1                        | DV             | 139        |                | U              | U               |                               |               |                 |     |                                    |        |         |
| 633                                                         | EF       | 1     | 1                        | DV             | 142        |                | U              | U               |                               |               |                 |     |                                    |        |         |
| 633                                                         | EF       | 1     | 1                        | DV             | 121        |                | U              | U               |                               |               |                 |     |                                    |        |         |





Site #708, Downstream photo of the **representative habitat within the site**  
Roll #9, Frame #20, Date: 2000/08/04



Site #708, Upstream photo of the **representative habitat within the site**  
Roll #9, Frame #21, Date: 2000/08/04



## Stream Reach/Site Summary Report

| Reach # | ILP Map # | ILP # |
|---------|-----------|-------|
|---------|-----------|-------|

**Watershed Code:** 400-362300-74700-00000-0000-0000-000-000-000-000-000-000

1.0

| STREAM REFERENCING                                                                                        |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|----|---------|---|---|---|---|---|---|---|-------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------|--|
| <b>Gazetted Name:</b>                                                                                     |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            | <b>Local Name:</b> None                                                                                                                                                                               |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| <b>Watershed Code:</b> 400-362300-74700-00000-0000-0000-000-000-000-000                                   |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                                                                                                       |                                                                                       | <b>ILP Map #:</b>                                                                     |                                                                                       | <b>ILP #:</b>                                                                                                                        |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| REACH                                                                                                     |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| <b>Reach #:</b>                                                                                           | 1.0                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>UTM(Zone/East/North):</b> 9.556768.6116687                              |                                                                                                                                                                                                       |                                                                                       |                                                                                       | <b>Sample Type:</b> B                                                                 |                                                                                                                                      |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| <b>Length (km):</b> 1.36                                                                                  | <b>Gradient (%):</b> 7.06                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>US Elev (m):</b> 617                                                    |                                                                                                                                                                                                       | <b>Order:</b> 4                                                                       |                                                                                       |                                                                                       | <b>Magnitude:</b> 25                                                                                                                 |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| <b>Confinement:</b> CO                                                                                    | <b>Coupling:</b> PC                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Open water:</b> A                                                       |                                                                                                                                                                                                       | <b>BGC Zone:</b> ICH                                                                  |                                                                                       |                                                                                       |                                                                                                                                      |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| <b>Islands:</b> N                                                                                         | <b>Bars:</b> <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Riparian Veg.:</b> M                                                    |                                                                                                                                                                                                       |                                                                                       | <b>Landuse:</b> FR                                                                    |                                                                                       |                                                                                                                                      |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| SITE                                                                                                      |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| <b>Site #:</b> 709                                                                                        | <b>GIS UTM(Zone/East/North)</b><br>9    557150    6116456                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Date:</b> 2000/08/04                                                    |                                                                                                                                                                                                       |                                                                                       | <b>Agency:</b> C172                                                                   |                                                                                       |                                                                                                                                      | <b>Crew:</b> JH/KT         |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| <b>Site Lg (m):</b> 100                                                                                   |                                                                                                                                                                                                       | <b>Ref. Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| CHANNEL                                                                                                   |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| <b>No Vis.Ch.:</b> <input type="checkbox"/>                                                               |                                                                                                                                                                                                       | <b>Intermittent:</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| <b>Dw:</b> <input type="checkbox"/>                                                                       |                                                                                                                                                                                                       | <b>Tribs.:</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
|                                                                                                           |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            | <b>Avg</b>                                                                                                                                                                                            |                                                                                       | <b>Min</b>                                                                            |                                                                                       | <b>Max</b>                                                                                                                           |                            | <b>#</b>                 |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| <b>Channel Width (m):</b>                                                                                 |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            | 9.78                                                                                                                                                                                                  |                                                                                       | 9.5                                                                                   |                                                                                       | 10.2                                                                                                                                 |                            | 6                        |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| <b>Wetted Width (m):</b>                                                                                  |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            | 8.12                                                                                                                                                                                                  |                                                                                       | 7.800                                                                                 |                                                                                       | 8.5                                                                                                                                  |                            | 6                        |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| <b>Wb Depth (m):</b>                                                                                      |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            | 1.00                                                                                                                                                                                                  |                                                                                       | 1                                                                                     |                                                                                       | 1                                                                                                                                    |                            | 3                        |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
|                                                                                                           |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            | <b>Avg %</b>                                                                                                                                                                                          |                                                                                       | <b>Min %</b>                                                                          |                                                                                       | <b>Max %</b>                                                                                                                         |                            | <b>#</b>                 |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| <b>Gadient %:</b>                                                                                         |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            | 4.75                                                                                                                                                                                                  |                                                                                       | 4                                                                                     |                                                                                       | 4                                                                                                                                    |                            | 4                        |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| <b>Pool Depth (m):</b>                                                                                    |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            | 0.52                                                                                                                                                                                                  |                                                                                       | 0.400                                                                                 |                                                                                       | 0.600                                                                                                                                |                            | 6                        |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| <b>Stage:</b> L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> |                                                                                                                                                                                                       | <b>Temp (C):</b> 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            | <b>pH:</b> 6.9                                                                                                                                                                                        |                                                                                       | <b>Cond.:</b> 90                                                                      |                                                                                       | <b>Turb.:</b> <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| MORPHOLOGY                                                                                                |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| <b>Bed Material:</b> Dominant: G                                                                          |                                                                                                                                                                                                       | <b>Subdom:</b> C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | <b>Bars:</b> <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| <b>D95:</b> 80.00                                                                                         |                                                                                                                                                                                                       | <b>D (cm):</b> 20.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| <b>Pattern:</b> SI                                                                                        |                                                                                                                                                                                                       | <b>Islands:</b> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| <b>Coupling:</b> PC                                                                                       |                                                                                                                                                                                                       | <b>Confinement:</b> OC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            | <b>DISTURBANCE INDICATORS</b>                                                                                                                                                                         |                                                                                       | O1                                                                                    | B1                                                                                    | B2                                                                                                                                   | B3                         | D1                       | D2                       | D3                       |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| <b>Morph:</b> RP                                                                                          |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                                                                                                       |                                                                                       | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                              | <input type="checkbox"/>                                                                                                             | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
|                                                                                                           |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                                                                                                       |                                                                                       | C1                                                                                    | C2                                                                                    | C3                                                                                                                                   | C4                         | C5                       | S1                       | S2                       | S3                       | S4                       | S5                       |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
|                                                                                                           |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                                                                                                       |                                                                                       | <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"/> |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| COVER                                                                                                     |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| <b>Total:</b> M                                                                                           |                                                                                                                                                                                                       | <table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> </thead> <tbody> <tr> <td>Amount:</td> <td>S</td> <td>T</td> <td>N</td> <td>T</td> <td>D</td> <td>T</td> <td>N</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input checked="" type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> <td><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> </tbody> </table> |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            | Type:                    | SWD                      | LWD                      | B                        | U                        | DP                       | OV | IV | Amount: | S | T | N | T | D | T | N | Loc: P/S/O: | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <b>FSZ:</b> <input type="checkbox"/> |  |
| Type:                                                                                                     | SWD                                                                                                                                                                                                   | LWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | B                                                                          | U                                                                                                                                                                                                     | DP                                                                                    | OV                                                                                    | IV                                                                                    |                                                                                                                                      |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| Amount:                                                                                                   | S                                                                                                                                                                                                     | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | N                                                                          | T                                                                                                                                                                                                     | D                                                                                     | T                                                                                     | N                                                                                     |                                                                                                                                      |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| Loc: P/S/O:                                                                                               | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                 | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                 | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                           |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| <b>LWD:</b> F                                                                                             |                                                                                                                                                                                                       | <b>DIST:</b> C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            | <b>INSTREAM VEG:</b> N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/>                                                           |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| <b>RB SHP:</b> S                                                                                          |                                                                                                                                                                                                       | <b>Texture:</b> <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            | <b>RIP:</b> M                                                                                                                                                                                         |                                                                                       | <b>STG:</b> MF                                                                        |                                                                                       |                                                                                                                                      |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| <b>LB SHP:</b> S                                                                                          |                                                                                                                                                                                                       | <b>Texture:</b> <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            | <b>RIP:</b> M                                                                                                                                                                                         |                                                                                       | <b>STG:</b> MF                                                                        |                                                                                       |                                                                                                                                      |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| CROWN CLOSURE                                                                                             |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
|                                                                                                           |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            | 1      1-20%             |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| FISH                                                                                                      |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                                                                                      |                            |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| <b>Site Number</b>                                                                                        | <b>Capture Method</b>                                                                                                                                                                                 | <b>Number of Events</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Total Length (m)</b>                                                    | <b>Total Time</b>                                                                                                                                                                                     | <b>Voltage</b>                                                                        | <b>Species</b>                                                                        | <b>Total Fish</b>                                                                     | <b>Minimum Length (mm)</b>                                                                                                           | <b>Maximum Length (mm)</b> |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |
| 709                                                                                                       | EF                                                                                                                                                                                                    | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 100                                                                        | 200 sec                                                                                                                                                                                               | 600                                                                                   | DV                                                                                    | 6                                                                                     | 175                                                                                                                                  | 235                        |                          |                          |                          |                          |                          |                          |    |    |         |   |   |   |   |   |   |   |             |                                                                                       |                                                                                       |                                                                            |                                                                                       |                                                                                       |                                                                                       |                                                                                       |                                                                            |                                      |  |



# FDIS Site Card

Watershed Code: 400-362300-74700-00000-00000-000-000-000-000-000

Reach # 1.0 ILP Map # ILP # 709 Site 709

| PROJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     |                          |                                     |                                                                                         |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|-------|---------|-------|-------|-------|-------|-------|-------|-------|-------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|---------------|--|--|--|--|------|-------------------|---|------|------|------|------|------|------|--|--|--|--|------|-----------------|----|------|------|------|------|------|------|--|--|--|--|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-----------|-----|-----|-----------|---------|----|------|------------|---------|----|--|
| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                          |                                     |                                                                                         |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                | Project Code: 3476                                                                                                                       |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                          |                                     |                                                                                         |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Project Watershed Code: 400-000000-00000-00000-00000-000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                     |                          |                                     |                                                                                         |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| WATERSHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     |                          |                                     |                                                                                         |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Gazetted Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                          |                                     |                                                                                         |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                | Local Name: None                                                                                                                         |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Watershed Code: 400-362300-74700-00000-00000-00000-000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                          |                                     |                                                                                         |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| ILP Map#:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | ILP #:                              |                          | NID Map #: 103P.020                 |                                                                                         |                                     | NID #: 70509             |                                                                                                                                      |                                                                                                                                                                                                | Reach #: 1.0                                                                                                                             |       | Site #: 709                                                                                                                                  |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Field UTM(Zone/East/North/Method)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          | GIS UTM(Zone/East/North)            |                                                                                         |                                     |                          | Site Lg: 100                                                                                                                         |                                                                                                                                                                                                | Method: HC                                                                                                                               |       | Access: H                                                                                                                                    |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                     |                          | 9 557150 6116456                    |                                                                                         |                                     |                          | Ref. Name:                                                                                                                           |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Date: 2000/08/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     | Time: 15:45                         |                          | Agency: C172                        |                                                                                         |                                     | Crew: JH/KT              |                                                                                                                                      |                                                                                                                                                                                                | Fish Crd?: <input checked="" type="checkbox"/>                                                                                           |       | Incomplete: <input type="checkbox"/>                                                                                                         |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| CHANNEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     |                          |                                     |                                                                                         |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Mtd</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Channel Width (m):</td> <td>T</td> <td>9.50</td> <td>9.80</td> <td>9.60</td> <td>9.50</td> <td>10.10</td> <td>10.20</td> <td></td> <td></td> <td></td> <td></td> <td>9.78</td> </tr> <tr> <td>Wetted Width (m):</td> <td>T</td> <td>8.00</td> <td>8.50</td> <td>8.30</td> <td>7.90</td> <td>7.80</td> <td>8.20</td> <td></td> <td></td> <td></td> <td></td> <td>8.12</td> </tr> <tr> <td>Pool Depth (m):</td> <td>MS</td> <td>0.50</td> <td>0.60</td> <td>0.50</td> <td>0.60</td> <td>0.50</td> <td>0.40</td> <td></td> <td></td> <td></td> <td></td> <td>0.52</td> </tr> </tbody> </table> |                                     |                                     |                          |                                     |                                                                                         |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              | Mtd | width | width | width   | width | width | width | width | width | width | width | Avg         | Channel Width (m):                  | T                                   | 9.50                     | 9.80                                | 9.60                                | 9.50                                | 10.10                    | 10.20         |  |  |  |  | 9.78 | Wetted Width (m): | T | 8.00 | 8.50 | 8.30 | 7.90 | 7.80 | 8.20 |  |  |  |  | 8.12 | Pool Depth (m): | MS | 0.50 | 0.60 | 0.50 | 0.60 | 0.50 | 0.40 |  |  |  |  | 0.52 | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Gadient %</th> <th>Mtd</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Method I:</td> <td>5.0 4.0</td> <td>AL</td> <td>4.75</td> </tr> <tr> <td>Method II:</td> <td>6.0 4.0</td> <td>AL</td> <td></td> </tr> </tbody> </table> |  |  |  | Gadient % | Mtd | Avg | Method I: | 5.0 4.0 | AL | 4.75 | Method II: | 6.0 4.0 | AL |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Mtd                                 | width                               | width                    | width                               | width                                                                                   | width                               | width                    | width                                                                                                                                | width                                                                                                                                                                                          | width                                                                                                                                    | width | Avg                                                                                                                                          |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Channel Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | T                                   | 9.50                                | 9.80                     | 9.60                                | 9.50                                                                                    | 10.10                               | 10.20                    |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       | 9.78                                                                                                                                         |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Wetted Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T                                   | 8.00                                | 8.50                     | 8.30                                | 7.90                                                                                    | 7.80                                | 8.20                     |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       | 8.12                                                                                                                                         |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Pool Depth (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MS                                  | 0.50                                | 0.60                     | 0.50                                | 0.60                                                                                    | 0.50                                | 0.40                     |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       | 0.52                                                                                                                                         |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Gadient %                           | Mtd                                 | Avg                      |                                     |                                                                                         |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Method I:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5.0 4.0                             | AL                                  | 4.75                     |                                     |                                                                                         |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Method II:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6.0 4.0                             | AL                                  |                          |                                     |                                                                                         |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Wb Depth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | 1.0                                 | 1.0                      | 1.0                                 | Avg: 1.00                                                                               |                                     |                          | Method: T                                                                                                                            |                                                                                                                                                                                                | Stage: L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/>                                       |       | No Vis.Ch.: <input type="checkbox"/> Intermittent: <input type="checkbox"/><br>Dw: <input type="checkbox"/> Tribs.: <input type="checkbox"/> |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| COVER Total: M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     |                          |                                     |                                                                                         |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> </thead> <tbody> <tr> <td>Amount:</td> <td>S</td> <td>T</td> <td>N</td> <td>T</td> <td>D</td> <td>T</td> <td>N</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                                                                             |                                     |                                     |                          |                                     |                                                                                         |                                     |                          | Type:                                                                                                                                | SWD                                                                                                                                                                                            | LWD                                                                                                                                      | B     | U                                                                                                                                            | DP  | OV    | IV    | Amount: | S     | T     | N     | T     | D     | T     | N     | Loc: P/S/O: | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CROWN CLOSURE |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SWD                                 | LWD                                 | B                        | U                                   | DP                                                                                      | OV                                  | IV                       |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | S                                   | T                                   | N                        | T                                   | D                                                                                       | T                                   | N                        |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Loc: P/S/O:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                     |                          |                                     |                                                                                         |                                     |                          | 1 1-20%                                                                                                                              |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                     |                          |                                     |                                                                                         |                                     |                          | INSTREAM VEG: N <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| LWD: F DIST: C<br>LB SHP: S<br>Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A<br>RIP: M<br>STG: MF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     |                          |                                     |                                                                                         |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| RB SHP: S<br>Texture: <input type="checkbox"/> F <input checked="" type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A<br>RIP: M<br>STG: MF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     |                          |                                     |                                                                                         |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                     |                          |                                     |                                                                                         |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| EMS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                     |                          |                                     | Req #:                                                                                  |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Temp: 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     |                          |                                     | Method: T3                                                                              |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                | Cond.: 90                                                                                                                                |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| pH: 6.9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     |                          |                                     | Method: P2                                                                              |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                | Method: S4                                                                                                                               |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Flood Signs: NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                     | Method: GE                                                                              |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                | Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C Method: GE |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| MORPHOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                          |                                     |                                                                                         |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Bed Material:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                     | Dominant: G              |                                     |                                                                                         | Subdom: C                           |                          |                                                                                                                                      | O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                           |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| D95: 80.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     | D (cm): 20.00            |                                     |                                                                                         | Morph: RP                           |                          |                                                                                                                                      | DISTURBANCE INDICATORS                                                                                                                                                                         |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Pattern: SI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                     |                          |                                     |                                                                                         |                                     |                          |                                                                                                                                      | C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                  |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Islands: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                          |                                     |                                                                                         |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Coupling: PC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                     |                          |                                     |                                                                                         |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Confinement: OC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                     |                          |                                     |                                                                                         |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| FSZ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                     |                          |                                     |                                                                                         |                                     |                          |                                                                                                                                      | Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| HABITAT QUALITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                     |                          |                                     |                                                                                         |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                     |                          |                                     | Comments                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| OverWinter Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                     |                          |                                     | Moderate value overwintering habitat-adequate pools and flow                            |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Spawning Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                          |                                     | Moderate to high quality spawning habitat-suitable substrates, water velocity and depth |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Rearing Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                     |                          |                                     | High quality rearing habitat-habitat complexity,adequate flow, and substrates           |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| PHOTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                          |                                     |                                                                                         |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Photo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | Foc Lg                              |                          | Dir                                 |                                                                                         | Comments                            |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| R:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 9                                   | F:                                  | 22                       | STD                                 |                                                                                         | U                                   |                          | Upstream photo of representative habitat within site                                                                                 |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| R:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 9                                   | F:                                  | 23                       | STD                                 |                                                                                         | D                                   |                          | Downstream photo of representative habitat within site                                                                               |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                          |                                     |                                                                                         |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |
| Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                     |                          |                                     | Comments                                                                                |                                     |                          |                                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                          |       |                                                                                                                                              |     |       |       |         |       |       |       |       |       |       |       |             |                                     |                                     |                          |                                     |                                     |                                     |                          |               |  |  |  |  |      |                   |   |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                               |  |  |  |           |     |     |           |         |    |      |            |         |    |  |

FDIS Site Card

| Watershed Code: 400-362300-74700-00000-0000-0000-000-000-000-000-000 |  | Reach #                         | ILP Map # | ILP # | Site |
|----------------------------------------------------------------------|--|---------------------------------|-----------|-------|------|
| Section                                                              |  | 1.0                             |           |       | 709  |
|                                                                      |  | Comments                        |           |       |      |
| SITE CARD                                                            |  | Fish form 30521                 |           |       |      |
| CHANNEL                                                              |  | DV captured with minimal effort |           |       |      |
| CHANNEL                                                              |  | S2 Stream                       |           |       |      |



# FDIS Fish Form

Reach # ILP Map # ILP #

Watershed Code: 400-362300-74700-00000-0000-0000-000-000-000-000-000

1.0

| WATERBODY                                                     |          |        |                          |                  |          |                |                |                 |         |             |               |                                    |        |        |         |  |
|---------------------------------------------------------------|----------|--------|--------------------------|------------------|----------|----------------|----------------|-----------------|---------|-------------|---------------|------------------------------------|--------|--------|---------|--|
| Gazetted Name:                                                |          |        |                          |                  |          |                |                |                 |         | Local: None |               |                                    |        |        |         |  |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-0   |          |        |                          |                  |          |                |                |                 |         |             |               |                                    |        |        |         |  |
| WS Code: 400-362300-74700-00000-0000-0000-000-000-000-000-000 |          |        |                          |                  |          |                |                |                 |         |             |               |                                    |        |        |         |  |
| Waterbody ID:                                                 |          |        |                          | ILP Map #:       |          |                |                | ILP #:          |         | Reach #:    |               | 1 -                                |        |        |         |  |
| Project ID: 3476                                              |          |        |                          | Lake/Stream: S   |          |                |                | Lake From Date: |         |             |               |                                    |        |        |         |  |
| Fish Permit #:                                                |          | 25350K |                          | Date: 2000/08/04 |          | To: 2000/08/04 |                | Agency: C172    |         | Crew: JH/KT |               | Resample: <input type="checkbox"/> |        |        |         |  |
| SITE / METHOD                                                 |          |        |                          |                  |          |                |                |                 |         |             |               |                                    |        |        |         |  |
| Site#                                                         | NID Map  | NID #  | UTM:Zone/East/North/Mthd |                  |          | MTD/NO         | Temp           | Cond            | Turbid  | Comment     |               |                                    |        |        |         |  |
| 709                                                           | 103P.020 | 70509  |                          |                  |          | EF 1           | 8              | 90              | C       |             |               |                                    |        |        |         |  |
| A. GEAR SETTINGS                                              |          |        |                          |                  |          |                |                |                 |         |             |               |                                    |        |        |         |  |
| Site#                                                         | MTD/NO   | H/P    | Date In                  | Time In          | Date Out | Time Out       | Comment        |                 |         |             |               |                                    |        |        |         |  |
| 709                                                           | EF       | 1      | 1                        | 2000/08/04       | 15:45    | 2000/08/04     | 16:30          |                 |         |             |               |                                    |        |        |         |  |
| C. ELECTROFISHER SPECIFICATIONS                               |          |        |                          |                  |          |                |                |                 |         |             |               |                                    |        |        |         |  |
| Site#                                                         | MTD/NO   | H/P    | Encl                     | Sec              | Lnth     | Wdth           | Voltage        | Frequency       | Pulse   | Make        | Model         |                                    |        |        |         |  |
| 709                                                           | EF       | 1      | 1                        | O                | 200      | 100.0          | 10.0           | 600             | 70      | 6           | SMITH<br>ROOT | 12B                                |        |        |         |  |
| FISH SUMMARY                                                  |          |        |                          |                  |          |                |                |                 |         |             |               |                                    |        |        |         |  |
| Site#                                                         | MTD/NO   | H/P    | Species                  | Stage            | Age      | Total #        | Lgth (Min/Max) |                 | FishAct | Comment     |               |                                    |        |        |         |  |
| 709                                                           | EF       | 1      | 1                        | DV               | A        | 3+             | 6              | 175 235         | R       |             |               |                                    |        |        |         |  |
| INDIVIDUAL FISH DATA                                          |          |        |                          |                  |          |                |                |                 |         |             |               |                                    |        |        |         |  |
| Site#                                                         | MTD/NO   | H/P    | Species                  | Length           | Weight   | Sex            | Mat            | Age             |         | Vch#        | Genetic       |                                    | Roll # | Frame# | Comment |  |
|                                                               |          |        |                          |                  |          |                |                | Str/Smpl#       | Age     |             | Str/Smpl#     |                                    |        |        |         |  |
| 709                                                           | EF       | 1      | 1                        | DV               | 200      |                | U              | U               |         |             |               |                                    |        |        |         |  |
| 709                                                           | EF       | 1      | 1                        | DV               | 235      |                | U              | U               |         |             |               |                                    |        |        |         |  |
| 709                                                           | EF       | 1      | 1                        | DV               | 210      |                | U              | U               |         |             |               |                                    |        |        |         |  |
| 709                                                           | EF       | 1      | 1                        | DV               | 210      |                | U              | U               |         |             |               |                                    |        |        |         |  |
| 709                                                           | EF       | 1      | 1                        | DV               | 175      |                | U              | U               |         |             |               |                                    |        |        |         |  |
| 709                                                           | EF       | 1      | 1                        | DV               | 230      |                | U              | U               |         |             |               |                                    |        |        |         |  |





Site #709, Upstream photo of representative habitat within site  
Roll #9, Frame #22, Date: 2000/08/04



Site #709, Downstream photo of representative habitat within site  
Roll #9, Frame #23, Date: 2000/08/04





# FDIS Site Card

Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000-000 Reach # 1.0 ILP Map # 103P.030 ILP # 11005 Site 720

| PROJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                |                                     |                                                    |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|----------|--------------------|----------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------|---------------|-------------|-------------------------------------|--------------------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|--|--|--|------|-------------------|----|------|------|------|------|------|------|--|--|--|--|------|-----------------|----|------|------|------|------|------|------|--|--|--|--|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------|-----|-----|-----------|-----|-----|---|------------|-----|-----|---|
| <div style="display: flex; justify-content: space-between;"> <div> <b>Project Name:</b> Mill Area 1:20K Stream Inventory Project<br/> <b>Stream Name (gaz.):</b> SKEENA RIVER<br/> <b>Project Watershed Code:</b> 400-000000-00000-00000-0000-0000-000-000-000-000-000 </div> <div> <b>Project Code:</b> 3476 </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                |                                     |                                                    |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| WATERSHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                |                                     |                                                    |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| <b>Gazetted Name:</b> _____ <b>Local Name:</b> None<br><b>Watershed Code:</b> 000-000000-00000-00000-0000-0000-000-000-000-000-000-000<br><b>ILP Map#:</b> 103P.030 <b>ILP #:</b> 11005 <b>NID Map #:</b> 103P.030 <b>NID #:</b> 65001 <b>Reach #:</b> 1.0 <b>Site #:</b> 720<br><div style="display: flex; justify-content: space-between;"> <div> <b>Field UTM(Zone/East/North/Method)</b><br/> <div style="border: 1px solid black; padding: 2px;"> 9    556319    6119389 </div> </div> <div> <b>GIS UTM(Zone/East/North)</b><br/> <div style="border: 1px solid black; padding: 2px;"> 9    556319    6119389 </div> </div> <div> <b>Site Lg:</b> 200<br/> <b>Ref. Name:</b> _____ </div> <div> <b>Method:</b> HC<br/> <b>Access:</b> V2 </div> </div>                                                                                                                                          |                                                                                                                                                |                                     |                                                    |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| <b>Date:</b> 2000/07/31 <b>Time:</b> 13:00 <b>Agency:</b> C172 <b>Crew:</b> EM/KT <b>Fish Crd?:</b> <input checked="" type="checkbox"/> <b>Incomplete:</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                |                                     |                                                    |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| CHANNEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                |                                     |                                                    |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Mtd</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Channel Width (m):</td> <td>MS</td> <td>0.40</td> <td>0.30</td> <td>0.40</td> <td>0.30</td> <td>0.30</td> <td>0.40</td> <td></td> <td></td> <td></td> <td></td> <td>0.35</td> </tr> <tr> <td>Wetted Width (m):</td> <td>MS</td> <td>0.30</td> <td>0.30</td> <td>0.20</td> <td>0.20</td> <td>0.30</td> <td>0.30</td> <td></td> <td></td> <td></td> <td></td> <td>0.27</td> </tr> <tr> <td>Pool Depth (m):</td> <td>MS</td> <td>0.10</td> <td>0.10</td> <td>0.10</td> <td>0.10</td> <td>0.10</td> <td>0.10</td> <td></td> <td></td> <td></td> <td></td> <td>0.10</td> </tr> </tbody> </table> |                                                                                                                                                |                                     |                                                    |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          | Mtd | width | width    | width              | width                                                                | width           | width                                                                                                                                          | width            | width                                                            | width         | width       | Avg                                 | Channel Width (m):                               | MS                       | 0.40                                | 0.30                     | 0.40                                | 0.30                                | 0.30                                                                                                                                                                                                    | 0.40 |  |  |  |  | 0.35 | Wetted Width (m): | MS | 0.30 | 0.30 | 0.20 | 0.20 | 0.30 | 0.30 |  |  |  |  | 0.27 | Pool Depth (m): | MS | 0.10 | 0.10 | 0.10 | 0.10 | 0.10 | 0.10 |  |  |  |  | 0.10 | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Gadient %</th> <th>Mtd</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Method I:</td> <td>7.0</td> <td>6.0</td> <td>C</td> </tr> <tr> <td>Method II:</td> <td>7.0</td> <td>7.0</td> <td>C</td> </tr> </tbody> </table> |  |  | Gadient % | Mtd | Avg | Method I: | 7.0 | 6.0 | C | Method II: | 7.0 | 7.0 | C |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Mtd                                                                                                                                            | width                               | width                                              | width                               | width                    | width                               | width                               | width                                                                                                                                                                                                                                            | width | width | width | Avg  |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| Channel Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MS                                                                                                                                             | 0.40                                | 0.30                                               | 0.40                                | 0.30                     | 0.30                                | 0.40                                |                                                                                                                                                                                                                                                  |       |       |       | 0.35 |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| Wetted Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MS                                                                                                                                             | 0.30                                | 0.30                                               | 0.20                                | 0.20                     | 0.30                                | 0.30                                |                                                                                                                                                                                                                                                  |       |       |       | 0.27 |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| Pool Depth (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MS                                                                                                                                             | 0.10                                | 0.10                                               | 0.10                                | 0.10                     | 0.10                                | 0.10                                |                                                                                                                                                                                                                                                  |       |       |       | 0.10 |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Gadient %                                                                                                                                      | Mtd                                 | Avg                                                |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| Method I:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7.0                                                                                                                                            | 6.0                                 | C                                                  |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| Method II:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7.0                                                                                                                                            | 7.0                                 | C                                                  |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| <b>Wb Depth:</b> .3    .4    .1 <b>Avg:</b> 0.27 <b>Method:</b> MS <b>Stage:</b> L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                |                                     |                                                    |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      | <b>No Vis.Ch.:</b> <input type="checkbox"/> <b>Intermittent:</b> <input type="checkbox"/><br><b>Dw:</b> <input type="checkbox"/> <b>Tribs.:</b> <input type="checkbox"/> |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| <b>COVER</b> Total: T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                |                                     |                                                    |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> </thead> <tbody> <tr> <td>Amount:</td> <td>T</td> <td>D</td> <td>N</td> <td>T</td> <td>N</td> <td>S</td> <td>T</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                                                                             |                                                                                                                                                |                                     |                                                    |                                     |                          |                                     |                                     | Type:                                                                                                                                                                                                                                            | SWD   | LWD   | B     | U    | DP                                                                                                                                                                       | OV  | IV    | Amount:  | T                  | D                                                                    | N               | T                                                                                                                                              | N                | S                                                                | T             | Loc: P/S/O: | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <b>CROWN CLOSURE</b><br>1    1-20%<br><b>INSTREAM VEG:</b> N <input type="checkbox"/> A <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> V <input checked="" type="checkbox"/> |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SWD                                                                                                                                            | LWD                                 | B                                                  | U                                   | DP                       | OV                                  | IV                                  |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| Amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | T                                                                                                                                              | D                                   | N                                                  | T                                   | N                        | S                                   | T                                   |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| Loc: P/S/O:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/>                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| <b>LWD:</b> F <b>DIST:</b> E<br><b>LB SHP:</b> V<br><b>Texture:</b> <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A<br><b>RIP:</b> M <b>STG:</b> MF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                |                                     |                                                    |                                     |                          |                                     |                                     | <b>RB SHP:</b> V<br><b>Texture:</b> <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A<br><b>RIP:</b> M <b>STG:</b> MF |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                |                                     |                                                    |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| <b>EMS:</b> <b>Req #:</b> _____<br><b>Temp:</b> 11 <b>Method:</b> T3 <b>Cond.:</b> 20 <b>Method:</b> S4<br><b>pH:</b> 7.1 <b>Method:</b> P2 <b>Turb.:</b> <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C <b>Method:</b> GE<br><b>Flood Signs:</b> NONE <b>Method:</b> GE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                |                                     |                                                    |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| MORPHOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                |                                     |                                                    |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| <b>Bed Material:</b> <b>Dominant:</b> F <b>Subdom:</b> G <b>O1</b> <b>B1</b> <b>B2</b> <b>B3</b> <b>D1</b> <b>D2</b> <b>D3</b><br><b>D95:</b> 3.00 <b>D (cm):</b> 0.50 <b>Morph:</b> CP <b>DISTURBANCE INDICATORS</b><br><b>Pattern:</b> SI <b>C1</b> <b>C2</b> <b>C3</b> <b>C4</b> <b>C5</b> <b>S1</b> <b>S2</b> <b>S3</b> <b>S4</b> <b>S5</b><br><b>Islands:</b> N<br><b>Coupling:</b> PC<br><b>Confinement:</b> FC<br><b>FSZ</b> <input type="checkbox"/> <b>Bars:</b> <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                                                                                                   |                                                                                                                                                |                                     |                                                    |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| HABITAT QUALITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                |                                     |                                                    |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>OverWinter Habitat</td> <td>No overwintering habitat-no pools greater than 0.1 m were identified</td> </tr> <tr> <td>Rearing Habitat</td> <td>Rearing habitat is limited in logged portion of stream. Unlogged portion of stream provides adequate cover and holding areas for juvenile fish</td> </tr> <tr> <td>Spawning Habitat</td> <td>Limited spawning habitat. Less than 1 % with suitable substrates</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                              |                                                                                                                                                |                                     |                                                    |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     | Name  | Comments | OverWinter Habitat | No overwintering habitat-no pools greater than 0.1 m were identified | Rearing Habitat | Rearing habitat is limited in logged portion of stream. Unlogged portion of stream provides adequate cover and holding areas for juvenile fish | Spawning Habitat | Limited spawning habitat. Less than 1 % with suitable substrates |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Comments                                                                                                                                       |                                     |                                                    |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| OverWinter Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | No overwintering habitat-no pools greater than 0.1 m were identified                                                                           |                                     |                                                    |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| Rearing Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Rearing habitat is limited in logged portion of stream. Unlogged portion of stream provides adequate cover and holding areas for juvenile fish |                                     |                                                    |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| Spawning Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Limited spawning habitat. Less than 1 % with suitable substrates                                                                               |                                     |                                                    |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| PHOTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                |                                     |                                                    |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Photo</th> <th>Foc Lg</th> <th>Dir</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>R: 3    F: 13</td> <td>STD</td> <td>D</td> <td>Downstream photo of creek flowing through cutblock</td> </tr> <tr> <td>R: 3    F: 14</td> <td>STD</td> <td>U</td> <td>Upstream photo of creek flowing through cutblock</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                |                                     |                                                    |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     | Photo | Foc Lg   | Dir                | Comments                                                             | R: 3    F: 13   | STD                                                                                                                                            | D                | Downstream photo of creek flowing through cutblock               | R: 3    F: 14 | STD         | U                                   | Upstream photo of creek flowing through cutblock |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| Photo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Foc Lg                                                                                                                                         | Dir                                 | Comments                                           |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| R: 3    F: 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STD                                                                                                                                            | D                                   | Downstream photo of creek flowing through cutblock |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| R: 3    F: 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STD                                                                                                                                            | U                                   | Upstream photo of creek flowing through cutblock   |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |
| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                |                                     |                                                    |                                     |                          |                                     |                                     |                                                                                                                                                                                                                                                  |       |       |       |      |                                                                                                                                                                          |     |       |          |                    |                                                                      |                 |                                                                                                                                                |                  |                                                                  |               |             |                                     |                                                  |                          |                                     |                          |                                     |                                     |                                                                                                                                                                                                         |      |  |  |  |  |      |                   |    |      |      |      |      |      |      |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |                                                                                                                                                                                                                                                                                                                       |  |  |           |     |     |           |     |     |   |            |     |     |   |



## FDIS Site Card

|                                                                      | Reach # | ILP Map # | ILP # | Site |
|----------------------------------------------------------------------|---------|-----------|-------|------|
| Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000 | 1.0     | 103P.030  | 11005 | 720  |

| Section   | Comments        |
|-----------|-----------------|
| SITE CARD | Fish form 30458 |
| CHANNEL   | DV Captured     |
| CHANNEL   | S4 Stream       |

## FDIS Fish Form

ILP #  
11005

| WATERBODY                                                       |          |       |                          |                     |         |                |          |                 |           |              |               |                                    |        |        |         |
|-----------------------------------------------------------------|----------|-------|--------------------------|---------------------|---------|----------------|----------|-----------------|-----------|--------------|---------------|------------------------------------|--------|--------|---------|
| Gazetted Name:                                                  |          |       |                          |                     |         |                |          |                 |           | Local: None  |               |                                    |        |        |         |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-000-0 |          |       |                          |                     |         |                |          |                 |           |              |               |                                    |        |        |         |
| WS Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000   |          |       |                          |                     |         |                |          |                 |           |              |               |                                    |        |        |         |
| Waterbody ID:                                                   |          |       |                          | ILP Map #: 103P.030 |         |                |          | ILP #: 11005    |           | Reach #: 1 - |               |                                    |        |        |         |
| Project ID: 3476                                                |          |       |                          | Lake/Stream: S      |         |                |          | Lake From Date: |           |              |               |                                    |        |        |         |
| Fish Permit #: 25350K                                           |          |       |                          | Date: 2000/07/31    |         | To: 2000/07/31 |          | Agency: C172    |           | Crew: EM/KT  |               | Resample: <input type="checkbox"/> |        |        |         |
| SITE / METHOD                                                   |          |       |                          |                     |         |                |          |                 |           |              |               |                                    |        |        |         |
| Site#                                                           | NID Map  | NID # | UTM:Zone/East/North/Mthd |                     |         |                | MTD/NO   |                 | Temp      | Cond         | Turbid        | Comment                            |        |        |         |
| 720                                                             | 103P.030 | 65001 |                          |                     |         |                | EF       | 1               | 11        | 20           | C             |                                    |        |        |         |
| A. GEAR SETTINGS                                                |          |       |                          |                     |         |                |          |                 |           |              |               |                                    |        |        |         |
| Site#                                                           | MTD/NO   |       | H/P                      | Date In             | Time In | Date Out       | Time Out | Comment         |           |              |               |                                    |        |        |         |
| 720                                                             | EF       | 1     | 1                        | 2000/07/31          | 13:00   | 2000/07/31     | 13:30    |                 |           |              |               |                                    |        |        |         |
| C. ELECTROFISHER SPECIFICATIONS                                 |          |       |                          |                     |         |                |          |                 |           |              |               |                                    |        |        |         |
| Site#                                                           | MTD/NO   |       | H/P                      | Encl                | Sec     | Lnth           | Width    | Voltage         | Frequency | Pulse        | Make          | Model                              |        |        |         |
| 720                                                             | EF       | 1     | 1                        | O                   | 240     | 120.0          | 0.3      | 800             | 60        | 6            | SMITH<br>ROOT | 12B                                |        |        |         |
| FISH SUMMARY                                                    |          |       |                          |                     |         |                |          |                 |           |              |               |                                    |        |        |         |
| Site#                                                           | MTD/NO   |       | H/P                      | Species             | Stage   | Age            | Total #  | Lgth (Min/Max)  | FishAct   | Comment      |               |                                    |        |        |         |
| 720                                                             | EF       | 1     | 1                        | DV                  | J       |                | 1        | 60              | 60        | R            |               |                                    |        |        |         |
| INDIVIDUAL FISH DATA                                            |          |       |                          |                     |         |                |          |                 |           |              |               |                                    |        |        |         |
| Site#                                                           | MTD/NO   | H/P   | Species                  | Length              | Weight  | Sex            | Mat      | Age             |           | Vch#         | Genetic       |                                    | Roll # | Frame# | Comment |
|                                                                 |          |       |                          |                     |         |                |          | Str/Smpl#       | Age       |              | Str/Smpl#     |                                    |        |        |         |
| 720                                                             | EF       | 1     | 1                        | DV                  | 60      |                | U        | U               |           |              |               |                                    |        |        |         |





Site #720, Upstream photo of creek flowing through cutblock  
Roll #3, Frame #14, Date: 2000/07/31



Site #720, Downstream photo of creek flowing through cutblock  
Roll #3, Frame #13, Date: 2000/07/31



# Stream Reach/Site Summary Report

Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000

Reach # 1.0 ILP Map # 103P.030 ILP # 11006

| STREAM REFERENCING                                               |                                                                                             |                                        |                                                                                                                                                                                          |                          |                          |                                                                                                                                                                                          |                            |                            |                                                                                                                        |                                     |                          |                          |                          |                          |                          |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Gazetted Name:                                                   |                                                                                             |                                        |                                                                                                                                                                                          |                          | Local Name: None         |                                                                                                                                                                                          |                            |                            |                                                                                                                        |                                     |                          |                          |                          |                          |                          |
| Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000 |                                                                                             |                                        |                                                                                                                                                                                          |                          | ILP Map #: 103P.030      |                                                                                                                                                                                          | ILP #: 11006               |                            |                                                                                                                        |                                     |                          |                          |                          |                          |                          |
| REACH                                                            |                                                                                             |                                        |                                                                                                                                                                                          |                          |                          |                                                                                                                                                                                          |                            |                            |                                                                                                                        |                                     |                          |                          |                          |                          |                          |
| Reach #:                                                         | 1.0                                                                                         | UTM(Zone/East/North): 9.555931.6119682 |                                                                                                                                                                                          |                          | Sample Type: B           |                                                                                                                                                                                          |                            |                            |                                                                                                                        |                                     |                          |                          |                          |                          |                          |
| Length (km):                                                     | .71                                                                                         | Gradient (%):                          | 14.79                                                                                                                                                                                    | US Elev (m):             | 662                      | Order:                                                                                                                                                                                   | 1                          | Magnitude: 1               |                                                                                                                        |                                     |                          |                          |                          |                          |                          |
| Confinement:                                                     | FC                                                                                          | Coupling:                              | PC                                                                                                                                                                                       | Open water:              | A                        | BGC Zone:                                                                                                                                                                                | ICH                        | Riparian Veg.: M           |                                                                                                                        |                                     |                          |                          |                          |                          |                          |
| Islands:                                                         | N                                                                                           | Bars:                                  | <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                          |                          |                                                                                                                                                                                          | Landuse: FR                |                            |                                                                                                                        |                                     |                          |                          |                          |                          |                          |
| SITE                                                             |                                                                                             |                                        |                                                                                                                                                                                          |                          |                          |                                                                                                                                                                                          |                            |                            |                                                                                                                        |                                     |                          |                          |                          |                          |                          |
| Site #:                                                          | 721                                                                                         | GIS UTM(Zone/East/North)               |                                                                                                                                                                                          | Date:                    | 2000/07/31               | Agency:                                                                                                                                                                                  |                            | C172                       | Crew:                                                                                                                  | EM/KT                               |                          |                          |                          |                          |                          |
| Site Lg (m):                                                     | 250                                                                                         | 9                                      | 556330                                                                                                                                                                                   | 6119664                  | Ref. Name:               |                                                                                                                                                                                          |                            |                            |                                                                                                                        |                                     |                          |                          |                          |                          |                          |
| CHANNEL                                                          |                                                                                             |                                        |                                                                                                                                                                                          |                          |                          |                                                                                                                                                                                          |                            |                            |                                                                                                                        |                                     |                          |                          |                          |                          |                          |
| No Vis.Ch.:                                                      | <input type="checkbox"/>                                                                    | Intermittent:                          | <input type="checkbox"/>                                                                                                                                                                 |                          |                          | Avg                                                                                                                                                                                      | Min                        | Max                        | #                                                                                                                      |                                     |                          |                          |                          |                          |                          |
| Dw:                                                              | <input type="checkbox"/>                                                                    | Tribs.:                                | <input type="checkbox"/>                                                                                                                                                                 |                          |                          | Channel Width (m):                                                                                                                                                                       | 0.40                       | 0.200                      | 0.5                                                                                                                    | 6                                   |                          |                          |                          |                          |                          |
|                                                                  |                                                                                             |                                        |                                                                                                                                                                                          |                          |                          | Wetted Width (m):                                                                                                                                                                        | 0.27                       | 0.200                      | 0.400                                                                                                                  | 6                                   |                          |                          |                          |                          |                          |
|                                                                  |                                                                                             |                                        |                                                                                                                                                                                          |                          |                          | Wb Depth (m):                                                                                                                                                                            | 0.13                       | 0.1                        | 0.2                                                                                                                    | 3                                   |                          |                          |                          |                          |                          |
|                                                                  |                                                                                             |                                        |                                                                                                                                                                                          |                          |                          | Gadient %:                                                                                                                                                                               | 8.00                       | 9                          | 9                                                                                                                      | 4                                   |                          |                          |                          |                          |                          |
|                                                                  |                                                                                             |                                        |                                                                                                                                                                                          |                          |                          | Pool Depth (m):                                                                                                                                                                          | 0.10                       | 0.100                      | 0.100                                                                                                                  | 6                                   |                          |                          |                          |                          |                          |
| Stage:                                                           | L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> | Temp (C):                              | 8                                                                                                                                                                                        | pH:                      | 7.1                      | Cond.:                                                                                                                                                                                   | 20                         | Turb.:                     | <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |                                     |                          |                          |                          |                          |                          |
| MORPHOLOGY                                                       |                                                                                             |                                        |                                                                                                                                                                                          |                          |                          |                                                                                                                                                                                          |                            |                            |                                                                                                                        |                                     |                          |                          |                          |                          |                          |
| Bed Material:                                                    | Dominant: G                                                                                 | Subdom:                                | F                                                                                                                                                                                        | Bars:                    |                          | <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                            |                            |                                                                                                                        |                                     |                          |                          |                          |                          |                          |
|                                                                  | D95: 7.00                                                                                   |                                        | D (cm): 1.00                                                                                                                                                                             |                          |                          | O1                                                                                                                                                                                       | B1                         | B2                         | B3                                                                                                                     | D1                                  | D2                       | D3                       |                          |                          |                          |
|                                                                  | Pattern: SI                                                                                 |                                        | Islands: N                                                                                                                                                                               |                          |                          | <input type="checkbox"/>                                                                                                                                                                 | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                                                                                               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |
|                                                                  | Coupling: DC                                                                                |                                        | Confinement: OC                                                                                                                                                                          | DISTURBANCE INDICATORS   |                          | C1                                                                                                                                                                                       | C2                         | C3                         | C4                                                                                                                     | C5                                  | S1                       | S2                       | S3                       | S4                       | S5                       |
|                                                                  | Morph: CP                                                                                   |                                        |                                                                                                                                                                                          |                          |                          | <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"/> |
| COVER                                                            |                                                                                             |                                        |                                                                                                                                                                                          |                          |                          |                                                                                                                                                                                          |                            |                            |                                                                                                                        |                                     |                          |                          |                          |                          |                          |
| Total:                                                           | T                                                                                           | Type:                                  | SWD                                                                                                                                                                                      | LWD                      | B                        | U                                                                                                                                                                                        | DP                         | OV                         | IV                                                                                                                     | FSZ:                                | <input type="checkbox"/> |                          |                          |                          |                          |
|                                                                  |                                                                                             | Amount:                                | D                                                                                                                                                                                        | T                        | N                        | T                                                                                                                                                                                        | N                          | T                          | T                                                                                                                      |                                     |                          |                          |                          |                          |                          |
|                                                                  |                                                                                             | Loc: P/S/O:                            | <input checked="" type="checkbox"/>                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                      | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                                                                                    | <input checked="" type="checkbox"/> |                          |                          |                          |                          |                          |
| LWD:                                                             | F                                                                                           | DIST:                                  | E                                                                                                                                                                                        | INSTREAM VEG:            |                          | N                                                                                                                                                                                        | <input type="checkbox"/> A | <input type="checkbox"/> M | <input checked="" type="checkbox"/> V                                                                                  | CROWN CLOSURE                       |                          |                          |                          |                          |                          |
| RB SHP:                                                          | V                                                                                           | Texture:                               | <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A             | RIP:                     |                          | S                                                                                                                                                                                        | STG:                       |                            | SHR                                                                                                                    | 1 1-20%                             |                          |                          |                          |                          |                          |
| LB SHP:                                                          | V                                                                                           | Texture:                               | <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A             | RIP:                     |                          | S                                                                                                                                                                                        | STG:                       |                            | SHR                                                                                                                    |                                     |                          |                          |                          |                          |                          |
| FISH                                                             |                                                                                             |                                        |                                                                                                                                                                                          |                          |                          |                                                                                                                                                                                          |                            |                            |                                                                                                                        |                                     |                          |                          |                          |                          |                          |
| Site Number                                                      | Capture Method                                                                              | Number of Events                       | Total Length (m)                                                                                                                                                                         | Total Time               | Voltage                  | Species                                                                                                                                                                                  | Total Fish                 | Minimum Length (mm)        | Maximum Length (mm)                                                                                                    |                                     |                          |                          |                          |                          |                          |
| 721                                                              | EF                                                                                          | 1                                      | 250                                                                                                                                                                                      | 320 sec                  | 400                      | NFC                                                                                                                                                                                      | 0                          |                            |                                                                                                                        |                                     |                          |                          |                          |                          |                          |

February 12, 2001





## FDIS Site Card

|                                                                      |          |           |       |      |
|----------------------------------------------------------------------|----------|-----------|-------|------|
| Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000 | Reach #  | ILP Map # | ILP # | Site |
|                                                                      | 1.0      | 103P.030  | 11006 | 721  |
| Section                                                              | Comments |           |       |      |

|           |                                                         |
|-----------|---------------------------------------------------------|
| SITE CARD | Fish form 30461                                         |
| CHANNEL   | Fish may access this reach from below the logging block |
| CHANNEL   | S4* Stream                                              |



## FDIS Fish Form

|                 |                                                         | Reach # | ILP Map # | ILP # |
|-----------------|---------------------------------------------------------|---------|-----------|-------|
| Watershed Code: | 000-000000-00000-00000-0000-000-000-000-000-000-000-000 | 1.0     | 103P.030  | 11006 |

| WATERBODY                       |          |                                                     |                          |                  |          |                 |                |              |             |             |               |                                    |  |
|---------------------------------|----------|-----------------------------------------------------|--------------------------|------------------|----------|-----------------|----------------|--------------|-------------|-------------|---------------|------------------------------------|--|
| Gazetted Name:                  |          |                                                     |                          |                  |          |                 |                |              | Local: None |             |               |                                    |  |
| Project Code:                   |          | 400-000000-00000-00000-0000-000-000-000-000-000-0   |                          |                  |          |                 |                |              |             |             |               |                                    |  |
| WS Code:                        |          | 000-000000-00000-00000-0000-000-000-000-000-000-000 |                          |                  |          |                 |                |              |             |             |               |                                    |  |
| Waterbody ID:                   |          | ILP Map #: 103P.030                                 |                          |                  |          | ILP #:          |                | 11006        |             | Reach #:    |               | 1 -                                |  |
| Project ID: 3476                |          | Lake/Stream: S                                      |                          |                  |          | Lake From Date: |                |              |             |             |               |                                    |  |
| Fish Permit #:                  |          | 25350K                                              |                          | Date: 2000/07/31 |          | To: 2000/07/31  |                | Agency: C172 |             | Crew: EM/KT |               | Resample: <input type="checkbox"/> |  |
| SITE / METHOD                   |          |                                                     |                          |                  |          |                 |                |              |             |             |               |                                    |  |
| Site#                           | NID Map  | NID #                                               | UTM:Zone/East/North/Mthd |                  |          | MTD/NO          | Temp           | Cond         | Turbid      | Comment     |               |                                    |  |
| 721                             | 103P.030 | 65002                                               |                          |                  |          | EF 1            | 10.5           | 20           | C           |             |               |                                    |  |
| A. GEAR SETTINGS                |          |                                                     |                          |                  |          |                 |                |              |             |             |               |                                    |  |
| Site#                           | MTD/NO   | H/P                                                 | Date In                  | Time In          | Date Out | Time Out        | Comment        |              |             |             |               |                                    |  |
| 721                             | EF       | 1                                                   | 11                       | 2000/07/31       | 12:00    | 2000/07/31      | 12:20          |              |             |             |               |                                    |  |
| C. ELECTROFISHER SPECIFICATIONS |          |                                                     |                          |                  |          |                 |                |              |             |             |               |                                    |  |
| Site#                           | MTD/NO   | H/P                                                 | Encl                     | Sec              | Lnth     | Width           | Voltage        | Frequency    | Pulse       | Make        | Model         |                                    |  |
| 721                             | EF       | 1                                                   | 11                       | O                | 320      | 250.0           | 0.4            | 400          | 60          | 6           | SMITH<br>ROOT | 12B                                |  |
| FISH SUMMARY                    |          |                                                     |                          |                  |          |                 |                |              |             |             |               |                                    |  |
| Site#                           | MTD/NO   | H/P                                                 | Species                  | Stage            | Age      | Total #         | Lgth (Min/Max) | FishAct      | Comment     |             |               |                                    |  |
| 721                             | EF       | 1                                                   | 11                       | NFC              |          | 0               |                |              |             |             |               |                                    |  |





Site #721, Downstream photo of logged over creek  
Roll #3, Frame #11, Date: 2000/07/31



Site #721, Upstream photo of logged over creek  
Roll #3, Frame #12, Date: 2000/07/31







# FDIS Site Card

Watershed Code: 000-000000-00000-00000-0000-000-000-000-000-000

Reach # 1.0 ILP Map # 103P.030 ILP # 11009 Site 722

| PROJECT                                                                                                                                                                                                                                                                                                                                                                                   |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|--|--------------------------|--|----------------------------------------------------------------------------------------------------|--|------------------------------------------------|--|----------------------------------------|--|--------------------|--|-----|--|------|--|
| Project Name: Mill Area 1:20K Stream Inventory Project                                                                                                                                                                                                                                                                                                                                    |  |              |  |                          |  |                                                                                                    |  |                                                |  | Project Code: 3476                     |  |                    |  |     |  |      |  |
| Stream Name (gaz.): SKEENA RIVER                                                                                                                                                                                                                                                                                                                                                          |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| Project Watershed Code: 400-000000-00000-00000-0000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                   |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| WATERSHED                                                                                                                                                                                                                                                                                                                                                                                 |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| Gazetted Name:                                                                                                                                                                                                                                                                                                                                                                            |  |              |  |                          |  |                                                                                                    |  |                                                |  | Local Name:                            |  |                    |  |     |  |      |  |
| Watershed Code: 000-000000-00000-00000-0000-000-000-000-000-000                                                                                                                                                                                                                                                                                                                           |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| ILP Map#: 103P.030                                                                                                                                                                                                                                                                                                                                                                        |  | ILP #: 11009 |  | NID Map #: 103P.030      |  | NID #: 65003                                                                                       |  | Reach #: 1.0                                   |  | Site #: 722                            |  |                    |  |     |  |      |  |
| Field UTM(Zone/East/North/Method)                                                                                                                                                                                                                                                                                                                                                         |  |              |  | GIS UTM(Zone/East/North) |  |                                                                                                    |  | Site Lg: 150                                   |  | Method: GE                             |  | Access: V2         |  |     |  |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                           |  |              |  | 9 555901 6119807         |  |                                                                                                    |  | Ref. Name:                                     |  |                                        |  |                    |  |     |  |      |  |
| Date: 2000/07/31                                                                                                                                                                                                                                                                                                                                                                          |  | Time: 09:50  |  | Agency: C172             |  | Crew: EM/KT                                                                                        |  | Fish Crd?: <input checked="" type="checkbox"/> |  | Incomplete: <input type="checkbox"/>   |  |                    |  |     |  |      |  |
| CHANNEL                                                                                                                                                                                                                                                                                                                                                                                   |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                           |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  | Gradient %         |  | Mtd |  | Avg  |  |
| Channel Width (m): MS 1.20 1.00 1.10 1.20 0.90 1.30                                                                                                                                                                                                                                                                                                                                       |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  | Method I: 5.0 7.0  |  | C   |  | 5.75 |  |
| Wetted Width (m): MS 1.00 0.90 0.80 1.00 0.80 1.10                                                                                                                                                                                                                                                                                                                                        |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  | Method II: 6.0 5.0 |  | C   |  |      |  |
| Pool Depth (m): MS 0.10 0.10 0.05 0.10 0.05 0.10                                                                                                                                                                                                                                                                                                                                          |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| Wb Depth: 1.0 .8 .6                                                                                                                                                                                                                                                                                                                                                                       |  | Avg: 0.80    |  | Method: MS               |  | Stage: L <input checked="" type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> |  | No Vis.Ch.: <input type="checkbox"/>           |  | Intermittent: <input type="checkbox"/> |  |                    |  |     |  |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                           |  |              |  |                          |  |                                                                                                    |  | Dw: <input type="checkbox"/>                   |  | Tribes.: <input type="checkbox"/>      |  |                    |  |     |  |      |  |
| COVER                                                                                                                                                                                                                                                                                                                                                                                     |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| Type: SWD LWD B U DP OV IV                                                                                                                                                                                                                                                                                                                                                                |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| Amount: T S T S N S T                                                                                                                                                                                                                                                                                                                                                                     |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| Loc: P/S/O: <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| LWD: F DIST: E                                                                                                                                                                                                                                                                                                                                                                            |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| LB SHP: U RB SHP: U                                                                                                                                                                                                                                                                                                                                                                       |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A Texture: <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A               |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| RIP: C RIP: C                                                                                                                                                                                                                                                                                                                                                                             |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| STG: MF STG: MF                                                                                                                                                                                                                                                                                                                                                                           |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| WATER                                                                                                                                                                                                                                                                                                                                                                                     |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| EMS: Req #: 21-40%                                                                                                                                                                                                                                                                                                                                                                        |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| Temp: 11 Method: T3 Cond.: 20 Method: S4                                                                                                                                                                                                                                                                                                                                                  |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| pH: 7.1 Method: P2 Turb.: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C Method: GE                                                                                                                                                                                                                               |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| Flood Signs: NONE Method: GE                                                                                                                                                                                                                                                                                                                                                              |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| MORPHOLOGY                                                                                                                                                                                                                                                                                                                                                                                |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| Bed Material: Dominant: G Subdom: C O1 B1 B2 B3 D1 D2 D3                                                                                                                                                                                                                                                                                                                                  |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| D95: 15.0 D (cm): 3.00 Morph: CP DISTURBANCE INDICATORS                                                                                                                                                                                                                                                                                                                                   |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| Pattern: SI C1 C2 C3 C4 C5 S1 S2 S3 S4 S5                                                                                                                                                                                                                                                                                                                                                 |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| Islands: N                                                                                                                                                                                                                                                                                                                                                                                |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| Coupling: PC                                                                                                                                                                                                                                                                                                                                                                              |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| Confinement: FC                                                                                                                                                                                                                                                                                                                                                                           |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| FSZ <input type="checkbox"/> Bars: <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR                                                                                                                                                               |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| HABITAT QUALITY                                                                                                                                                                                                                                                                                                                                                                           |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| Name Comments                                                                                                                                                                                                                                                                                                                                                                             |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| OverWinter Habitat No overwintering habitat                                                                                                                                                                                                                                                                                                                                               |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| Rearing Habitat Low habitat complexity. 10-15 % suitable holding/rearing area. Low flow at present time limits stream productivity                                                                                                                                                                                                                                                        |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| Spawning Habitat No suitable spawning gravels observed-some spots (<1 %) of marginal habitat where spawning could occur                                                                                                                                                                                                                                                                   |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| PHOTOS                                                                                                                                                                                                                                                                                                                                                                                    |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| Photo Foc Lg Dir Comments                                                                                                                                                                                                                                                                                                                                                                 |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| R: 3 F: 10 STD U Upstream photo of undercut banks with mossy cobble/gravel substrates                                                                                                                                                                                                                                                                                                     |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| R: 3 F: 9 STD D Downstream photo of overhanging ferns                                                                                                                                                                                                                                                                                                                                     |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                  |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |
| Section Comments                                                                                                                                                                                                                                                                                                                                                                          |  |              |  |                          |  |                                                                                                    |  |                                                |  |                                        |  |                    |  |     |  |      |  |



FDIS Site Card

|                                                                          |                 | Reach # | ILP Map # | ILP # | Site |
|--------------------------------------------------------------------------|-----------------|---------|-----------|-------|------|
| Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000-000 |                 | 1.0     | 103P.030  | 11009 | 722  |
| Section                                                                  | Comments        |         |           |       |      |
| SITE CARD                                                                | Fish form 30486 |         |           |       |      |
| CHANNEL                                                                  | DV captured     |         |           |       |      |
| CHANNEL                                                                  | S4 Stream       |         |           |       |      |

## FDIS Fish Form

|                        |                                                     | Reach # | ILP Map # | ILP # |
|------------------------|-----------------------------------------------------|---------|-----------|-------|
| <b>Watershed Code:</b> | 000-000000-00000-00000-0000-000-000-000-000-000-000 | 1.0     | 103P.030  | 11009 |

| WATERBODY                                                            |          |       |                          |            |                     |            |          |                |           |                 |               |         |             |              |                                    |         |
|----------------------------------------------------------------------|----------|-------|--------------------------|------------|---------------------|------------|----------|----------------|-----------|-----------------|---------------|---------|-------------|--------------|------------------------------------|---------|
| Gazetted Name:                                                       |          |       |                          |            |                     |            |          |                |           | Local:          |               |         |             |              |                                    |         |
| Project Code: 400-000000-00000-00000-0000-0000-000-000-000-000-000-0 |          |       |                          |            |                     |            |          |                |           |                 |               |         |             |              |                                    |         |
| WS Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000-000    |          |       |                          |            |                     |            |          |                |           |                 |               |         |             |              |                                    |         |
| Waterbody ID:                                                        |          |       |                          |            | ILP Map #: 103P.030 |            |          |                |           | ILP #:          |               | 11009   |             | Reach #: 1 - |                                    |         |
| Project ID: 3476                                                     |          |       |                          |            | Lake/Stream: S      |            |          |                |           | Lake From Date: |               |         |             |              |                                    |         |
| Fish Permit #: 25350K                                                |          |       |                          |            | Date: 2000/07/31    |            |          | To: 2000/07/31 |           |                 | Agency: C172  |         | Crew: EM/KT |              | Resample: <input type="checkbox"/> |         |
| SITE / METHOD                                                        |          |       |                          |            |                     |            |          |                |           |                 |               |         |             |              |                                    |         |
| Site#                                                                | NID Map  | NID # | UTM:Zone/East/North/Mthd |            |                     |            | MTD/NO   |                | Temp      | Cond            | Turbid        | Comment |             |              |                                    |         |
| 722                                                                  | 103P.030 | 65003 |                          |            |                     |            | EF       | 1              | 11        | 20              | C             |         |             |              |                                    |         |
| A. GEAR SETTINGS                                                     |          |       |                          |            |                     |            |          |                |           |                 |               |         |             |              |                                    |         |
| Site#                                                                | MTD/NO   |       | H/P                      | Date In    | Time In             | Date Out   | Time Out | Comment        |           |                 |               |         |             |              |                                    |         |
| 722                                                                  | EF       | 1     | 1                        | 2000/07/31 | 09:50               | 2000/07/31 | 10:15    |                |           |                 |               |         |             |              |                                    |         |
| C. ELECTROFISHER SPECIFICATIONS                                      |          |       |                          |            |                     |            |          |                |           |                 |               |         |             |              |                                    |         |
| Site#                                                                | MTD/NO   |       | H/P                      | Encl       | Sec                 | Lnth       | Width    | Voltage        | Frequency | Pulse           | Make          | Model   |             |              |                                    |         |
| 722                                                                  | EF       | 1     | 1                        | O          | 141                 | 200.0      | 1.0      | 400            | 60        | 6               | SMITH<br>ROOT | 12B     |             |              |                                    |         |
| FISH SUMMARY                                                         |          |       |                          |            |                     |            |          |                |           |                 |               |         |             |              |                                    |         |
| Site#                                                                | MTD/NO   |       | H/P                      | Species    | Stage               | Age        | Total #  | Lgth (Min/Max) | FishAct   | Comment         |               |         |             |              |                                    |         |
| 722                                                                  | EF       | 1     | 1                        | DV         | J                   |            | 1        | 125            | 125       | R               |               |         |             |              |                                    |         |
| INDIVIDUAL FISH DATA                                                 |          |       |                          |            |                     |            |          |                |           |                 |               |         |             |              |                                    |         |
| Site#                                                                | MTD/NO   |       | H/P                      | Species    | Length              | Weight     | Sex      | Mat            | Age       |                 | Vch#          | Genetic |             | Roll #       | Frame#                             | Comment |
|                                                                      |          |       |                          |            |                     |            |          |                | Str       | Smpl#           |               | Age     | Str         |              |                                    |         |
| 722                                                                  | EF       | 1     | 1                        | DV         | 125                 |            | U        | U              |           |                 |               |         |             |              |                                    |         |





Site #722, Downstream photo of overhanging ferns  
Roll #3, Frame #9, Date: 2000/07/31



Site #722, Upstream photo of undercut banks with mossy cobble/gravel substrates  
Roll #3, Frame #10, Date: 2000/07/31



# Stream Reach/Site Summary Report

Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000

Reach # 1.0 ILP Map # 103P.030 ILP # 11008

| STREAM REFERENCING                                              |                                                                                             |                                        |                                                                                                                                                                                          |                          |                                                                                                                        |                                                                                                                                                                                          |                          |                                     |                                                                                                                        |       |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------|
| Gazetted Name:                                                  |                                                                                             |                                        |                                                                                                                                                                                          |                          | Local Name: None                                                                                                       |                                                                                                                                                                                          |                          |                                     |                                                                                                                        |       |
| Watershed Code: 000-000000-00000-00000-0000-000-000-000-000-000 |                                                                                             |                                        |                                                                                                                                                                                          |                          | ILP Map #: 103P.030                                                                                                    |                                                                                                                                                                                          | ILP #: 11008             |                                     |                                                                                                                        |       |
| REACH                                                           |                                                                                             |                                        |                                                                                                                                                                                          |                          |                                                                                                                        |                                                                                                                                                                                          |                          |                                     |                                                                                                                        |       |
| Reach #:                                                        | 1.0                                                                                         | UTM(Zone/East/North): 9.555715.6119927 |                                                                                                                                                                                          |                          | Sample Type: B                                                                                                         |                                                                                                                                                                                          |                          |                                     |                                                                                                                        |       |
| Length (km):                                                    | .34                                                                                         | Gradient (%):                          | 25.29                                                                                                                                                                                    | US Elev (m):             | 648                                                                                                                    | Order:                                                                                                                                                                                   | 1                        | Magnitude: 1                        |                                                                                                                        |       |
| Confinement:                                                    | FC                                                                                          | Coupling:                              | PC                                                                                                                                                                                       | Open water:              | A                                                                                                                      | BGC Zone:                                                                                                                                                                                | ICH                      |                                     |                                                                                                                        |       |
| Islands:                                                        | N                                                                                           | Bars:                                  | <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR | Riparian Veg.:           | M                                                                                                                      | Landuse:                                                                                                                                                                                 | FR                       |                                     |                                                                                                                        |       |
| SITE                                                            |                                                                                             |                                        |                                                                                                                                                                                          |                          |                                                                                                                        |                                                                                                                                                                                          |                          |                                     |                                                                                                                        |       |
| Site #:                                                         | 723                                                                                         | GIS UTM(Zone/East/North)               |                                                                                                                                                                                          |                          | Date:                                                                                                                  | 2000/07/31                                                                                                                                                                               | Agency:                  | C172                                | Crew:                                                                                                                  | EM/KT |
| Site Lg (m):                                                    | 200                                                                                         | 9                                      | 555885                                                                                                                                                                                   | 6119929                  | Ref. Name:                                                                                                             |                                                                                                                                                                                          |                          |                                     |                                                                                                                        |       |
| CHANNEL                                                         |                                                                                             |                                        |                                                                                                                                                                                          |                          |                                                                                                                        |                                                                                                                                                                                          |                          |                                     |                                                                                                                        |       |
| No Vis.Ch.:                                                     | <input type="checkbox"/>                                                                    | Intermittent:                          | <input type="checkbox"/>                                                                                                                                                                 |                          |                                                                                                                        | Avg                                                                                                                                                                                      | Min                      | Max                                 | #                                                                                                                      |       |
| Dw:                                                             | <input type="checkbox"/>                                                                    | Tribs.:                                | <input type="checkbox"/>                                                                                                                                                                 |                          |                                                                                                                        |                                                                                                                                                                                          |                          |                                     |                                                                                                                        |       |
|                                                                 |                                                                                             |                                        |                                                                                                                                                                                          | Channel Width (m):       | 1.02                                                                                                                   | 0.800                                                                                                                                                                                    | 1.4                      | 6                                   |                                                                                                                        |       |
|                                                                 |                                                                                             |                                        |                                                                                                                                                                                          | Wetted Width (m):        | 0.77                                                                                                                   | 0.5                                                                                                                                                                                      | 1.100                    | 6                                   |                                                                                                                        |       |
|                                                                 |                                                                                             |                                        |                                                                                                                                                                                          | Wb Depth (m):            | 0.70                                                                                                                   | 0.6                                                                                                                                                                                      | 0.8                      | 3                                   |                                                                                                                        |       |
|                                                                 |                                                                                             |                                        |                                                                                                                                                                                          |                          |                                                                                                                        | Avg %                                                                                                                                                                                    | Min %                    | Max %                               | #                                                                                                                      |       |
|                                                                 |                                                                                             |                                        |                                                                                                                                                                                          |                          |                                                                                                                        | Gadient %:                                                                                                                                                                               | 4.50                     | 4                                   | 5                                                                                                                      |       |
|                                                                 |                                                                                             |                                        |                                                                                                                                                                                          |                          |                                                                                                                        | Pool Depth (m):                                                                                                                                                                          | 0.22                     | 0.200                               | 0.300                                                                                                                  |       |
|                                                                 |                                                                                             |                                        |                                                                                                                                                                                          |                          |                                                                                                                        |                                                                                                                                                                                          |                          |                                     |                                                                                                                        |       |
| Stage:                                                          | L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> | Temp (C):                              | 8                                                                                                                                                                                        | pH:                      | 7.1                                                                                                                    | Cond.:                                                                                                                                                                                   | 30                       | Turb.:                              | <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C |       |
| MORPHOLOGY                                                      |                                                                                             |                                        |                                                                                                                                                                                          |                          |                                                                                                                        |                                                                                                                                                                                          |                          |                                     |                                                                                                                        |       |
| Bed Material:                                                   | Dominant: G                                                                                 | Subdom:                                | F                                                                                                                                                                                        | Bars:                    |                                                                                                                        | <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR |                          |                                     |                                                                                                                        |       |
|                                                                 | D95: 8.00                                                                                   |                                        | D (cm): 1.00                                                                                                                                                                             |                          |                                                                                                                        | O1                                                                                                                                                                                       | B1                       | B2                                  | B3                                                                                                                     |       |
|                                                                 | Pattern: IR                                                                                 |                                        | Islands: N                                                                                                                                                                               |                          |                                                                                                                        | D1                                                                                                                                                                                       | D2                       | D3                                  |                                                                                                                        |       |
|                                                                 | Coupling: PC                                                                                |                                        | Confinement: OC                                                                                                                                                                          | DISTURBANCE INDICATORS   |                                                                                                                        | <input type="checkbox"/>                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                               |       |
|                                                                 | Morph: RP                                                                                   |                                        |                                                                                                                                                                                          |                          |                                                                                                                        | C1                                                                                                                                                                                       | C2                       | C3                                  | C4                                                                                                                     |       |
|                                                                 |                                                                                             |                                        |                                                                                                                                                                                          |                          |                                                                                                                        | C5                                                                                                                                                                                       | S1                       | S2                                  | S3                                                                                                                     |       |
|                                                                 |                                                                                             |                                        |                                                                                                                                                                                          |                          |                                                                                                                        | S4                                                                                                                                                                                       | S5                       |                                     |                                                                                                                        |       |
| COVER                                                           |                                                                                             |                                        |                                                                                                                                                                                          |                          |                                                                                                                        |                                                                                                                                                                                          |                          |                                     |                                                                                                                        |       |
| Total:                                                          | M                                                                                           | Type:                                  | SWD                                                                                                                                                                                      | LWD                      | B                                                                                                                      | U                                                                                                                                                                                        | DP                       | OV                                  | IV                                                                                                                     |       |
|                                                                 |                                                                                             | Amount:                                | S                                                                                                                                                                                        | S                        | N                                                                                                                      | T                                                                                                                                                                                        | T                        | S                                   | T                                                                                                                      |       |
|                                                                 |                                                                                             | Loc: P/S/O:                            | <input checked="" type="checkbox"/>                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/>                                                                                               | <input checked="" type="checkbox"/>                                                                                                                                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                               |       |
| LWD:                                                            | F                                                                                           | DIST:                                  | E                                                                                                                                                                                        | INSTREAM VEG:            | N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input type="checkbox"/> | FSZ: <input type="checkbox"/>                                                                                                                                                            |                          |                                     |                                                                                                                        |       |
| RB SHP:                                                         | U                                                                                           | Texture:                               | <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A             | RIP:                     | C                                                                                                                      | STG:                                                                                                                                                                                     | MF                       | CROWN CLOSURE                       |                                                                                                                        |       |
| LB SHP:                                                         | U                                                                                           | Texture:                               | <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A             | RIP:                     | C                                                                                                                      | STG:                                                                                                                                                                                     | MF                       | 1 1-20%                             |                                                                                                                        |       |
| FISH                                                            |                                                                                             |                                        |                                                                                                                                                                                          |                          |                                                                                                                        |                                                                                                                                                                                          |                          |                                     |                                                                                                                        |       |
| Site Number                                                     | Capture Method                                                                              | Number of Events                       | Total Length (m)                                                                                                                                                                         | Total Time               | Voltage                                                                                                                | Species                                                                                                                                                                                  | Total Fish               | Minimum Length (mm)                 | Maximum Length (mm)                                                                                                    |       |
| 723                                                             | EF                                                                                          | 1                                      | 400                                                                                                                                                                                      | 935 sec                  | 500                                                                                                                    | DV                                                                                                                                                                                       | 1                        | 65                                  | 65                                                                                                                     |       |



# FDIS Site Card

Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000-000 Reach # 1.0 ILP Map # 103P.030 ILP # 11008 Site 723

| PROJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                     |                                                                         |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------|-------|------|--|---------|----------|--------------------|-----------------------------------|-----------------|-----------------------------------------------------------------------|------------------|-------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------------------------|--------------------------|--------------------------|----|------|------|------|------|------|------|----|----|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--|--|------|-----------------|----|------|------|------|------|------|------|--|--|--|--|------|--|-----------|-----|-----|-----------|---------|---|------|------------|---------|---|--|-------|-----|-----|---|---|----|----|----|---------|---|---|---|---|---|---|---|-------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <div style="display: flex; justify-content: space-between;"> <div> <b>Project Name:</b> Mill Area 1:20K Stream Inventory Project<br/> <b>Stream Name (gaz.):</b> SKEENA RIVER<br/> <b>Project Watershed Code:</b> 400-000000-00000-00000-0000-000-000-000-000-000-000 </div> <div> <b>Project Code:</b> 3476 </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                     |                                                                         |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| WATERSHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                     |                                                                         |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| <b>Gazetted Name:</b> _____ <b>Local Name:</b> None<br><b>Watershed Code:</b> 000-000000-00000-00000-0000-0000-000-000-000-000-000-000<br><b>ILP Map#:</b> 103P.030 <b>ILP #:</b> 11008 <b>NID Map #:</b> 103P.030 <b>NID #:</b> 65004 <b>Reach #:</b> 1.0 <b>Site #:</b> 723<br><div style="display: flex; justify-content: space-between;"> <div> <b>Field UTM(Zone/East/North/Method)</b><br/> <div style="border: 1px solid black; padding: 2px;"> 9 555885 6119929 </div> </div> <div> <b>GIS UTM(Zone/East/North)</b><br/> <div style="border: 1px solid black; padding: 2px;"> 9 555885 6119929 </div> </div> <div> <b>Site Lg:</b> 200<br/> <b>Ref. Name:</b> _____ </div> <div> <b>Method:</b> HC <b>Access:</b> V2 </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                     |                                                                         |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| <b>Date:</b> 2000/07/31 <b>Time:</b> 14:00 <b>Agency:</b> C172 <b>Crew:</b> EM/KT <b>Fish Crd?:</b> <input checked="" type="checkbox"/> <b>Incomplete:</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                     |                                                                         |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| CHANNEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                     |                                                                         |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| <table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th></th> <th>Mtd</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>width</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Channel Width (m):</td> <td>MS</td> <td>1.10</td> <td>0.90</td> <td>1.40</td> <td>1.00</td> <td>0.80</td> <td>0.90</td> <td></td> <td></td> <td></td> <td></td> <td>1.02</td> </tr> <tr> <td>Wetted Width (m):</td> <td>MS</td> <td>0.80</td> <td>0.70</td> <td>0.80</td> <td>1.10</td> <td>0.50</td> <td>0.70</td> <td></td> <td></td> <td></td> <td></td> <td>0.77</td> </tr> <tr> <td>Pool Depth (m):</td> <td>MS</td> <td>0.20</td> <td>0.30</td> <td>0.20</td> <td>0.20</td> <td>0.20</td> <td>0.20</td> <td></td> <td></td> <td></td> <td></td> <td>0.22</td> </tr> </tbody> </table> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <b>Wb Depth:</b> .6 .7 .8 <b>Avg:</b> 0.70 <b>Method:</b> MS <b>Stage:</b> L <input type="checkbox"/> M <input checked="" type="checkbox"/> H <input type="checkbox"/> </div> <div> <table border="1" style="font-size: x-small;"> <thead> <tr> <th></th> <th>Gadient %</th> <th>Mtd</th> <th>Avg</th> </tr> </thead> <tbody> <tr> <td>Method I:</td> <td>4.0 5.0</td> <td>C</td> <td>4.50</td> </tr> <tr> <td>Method II:</td> <td>5.0 4.0</td> <td>C</td> <td></td> </tr> </tbody> </table> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <b>COVER</b> <b>Total:</b> M<br/> <table border="1" style="width:100%; font-size: x-small;"> <thead> <tr> <th>Type:</th> <th>SWD</th> <th>LWD</th> <th>B</th> <th>U</th> <th>DP</th> <th>OV</th> <th>IV</th> </tr> </thead> <tbody> <tr> <td>Amount:</td> <td>S</td> <td>S</td> <td>N</td> <td>T</td> <td>T</td> <td>S</td> <td>T</td> </tr> <tr> <td>Loc: P/S/O:</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table> </div> <div> <b>CROWN CLOSURE</b><br/> 1 1-20%<br/> <b>INSTREAM VEG:</b> N <input type="checkbox"/> A <input type="checkbox"/> M <input checked="" type="checkbox"/> V <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <b>LWD:</b> F <b>DIST:</b> E<br/> <b>LB SHP:</b> U<br/> <b>Texture:</b> <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A<br/> <b>RIP:</b> C<br/> <b>STG:</b> MF </div> <div> <b>RB SHP:</b> U<br/> <b>Texture:</b> <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> R <input type="checkbox"/> A<br/> <b>RIP:</b> C<br/> <b>STG:</b> MF </div> </div> |                                                                       |                                     |                                                                         |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  |         | Mtd      | width              | width                             | width           | width                                                                 | width            | width                                                                   | width                    | width                    | width                    | width                                                  | Avg                      | Channel Width (m):       | MS | 1.10 | 0.90 | 1.40 | 1.00 | 0.80 | 0.90 |    |    |    |                          | 1.02                     | Wetted Width (m):        | MS                       | 0.80                     | 0.70                     | 0.80                     | 1.10                     | 0.50                     | 0.70                     |  |  |  |  | 0.77 | Pool Depth (m): | MS | 0.20 | 0.30 | 0.20 | 0.20 | 0.20 | 0.20 |  |  |  |  | 0.22 |  | Gadient % | Mtd | Avg | Method I: | 4.0 5.0 | C | 4.50 | Method II: | 5.0 4.0 | C |  | Type: | SWD | LWD | B | U | DP | OV | IV | Amount: | S | S | N | T | T | S | T | Loc: P/S/O: | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mtd                                                                   | width                               | width                                                                   | width                               | width                               | width                               | width                               | width                    | width                    | width | width | Avg  |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| Channel Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MS                                                                    | 1.10                                | 0.90                                                                    | 1.40                                | 1.00                                | 0.80                                | 0.90                                |                          |                          |       |       | 1.02 |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| Wetted Width (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MS                                                                    | 0.80                                | 0.70                                                                    | 0.80                                | 1.10                                | 0.50                                | 0.70                                |                          |                          |       |       | 0.77 |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| Pool Depth (m):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MS                                                                    | 0.20                                | 0.30                                                                    | 0.20                                | 0.20                                | 0.20                                | 0.20                                |                          |                          |       |       | 0.22 |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
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| Method I:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4.0 5.0                                                               | C                                   | 4.50                                                                    |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| Method II:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5.0 4.0                                                               | C                                   |                                                                         |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SWD                                                                   | LWD                                 | B                                                                       | U                                   | DP                                  | OV                                  | IV                                  |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| Amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | S                                                                     | S                                   | N                                                                       | T                                   | T                                   | S                                   | T                                   |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| Loc: P/S/O:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/>                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                     |                                                                         |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| <div style="display: flex; justify-content: space-between;"> <div> <b>EMS:</b><br/> <b>Temp:</b> 8 <b>Method:</b> T3<br/> <b>pH:</b> 7.1 <b>Method:</b> P2<br/> <b>Flood Signs:</b> NONE <b>Method:</b> GE </div> <div> <b>Req #:</b><br/> <b>Cond.:</b> 30 <b>Method:</b> S4<br/> <b>Turb.:</b> <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> C <b>Method:</b> GE </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                     |                                                                         |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| MORPHOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                     |                                                                         |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| <div style="display: flex; justify-content: space-between;"> <div> <b>Bed Material:</b> Dominant: G <b>Subdom:</b> F<br/> <b>D95:</b> 8.00 <b>D (cm):</b> 1.00 <b>Morph:</b> RP<br/> <b>Pattern:</b> IR<br/> <b>Islands:</b> N<br/> <b>Coupling:</b> PC<br/> <b>Confinement:</b> OC<br/> <b>FSZ:</b> <input type="checkbox"/> </div> <div> <b>DISTURBANCE INDICATORS</b><br/> <table border="1" style="width:100%; font-size: x-small;"> <thead> <tr> <th>O1</th> <th>B1</th> <th>B2</th> <th>B3</th> <th>D1</th> <th>D2</th> <th>D3</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <th>C1</th> <th>C2</th> <th>C3</th> <th>C4</th> <th>C5</th> <th>S1</th> <th>S2</th> <th>S3</th> <th>S4</th> <th>S5</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> </div> </div> <div style="display: flex; justify-content: flex-end; margin-top: 10px;"> <b>Bars:</b> <input checked="" type="checkbox"/> N <input type="checkbox"/> SIDE <input type="checkbox"/> DIAG <input type="checkbox"/> MID <input type="checkbox"/> SPAN <input type="checkbox"/> BR </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                     |                                                                         |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  | O1      | B1       | B2                 | B3                                | D1              | D2                                                                    | D3               | <input type="checkbox"/>                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/> | C1 | C2   | C3   | C4   | C5   | S1   | S2   | S3 | S4 | S5 | <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"/> |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| O1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | B1                                                                    | B2                                  | B3                                                                      | D1                                  | D2                                  | D3                                  |                                     |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                     |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| C1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | C2                                                                    | C3                                  | C4                                                                      | C5                                  | S1                                  | S2                                  | S3                                  | S4                       | S5                       |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| <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"/> |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| HABITAT QUALITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                     |                                                                         |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>OverWinter Habitat</td> <td>No pools found greater than 0.2 m</td> </tr> <tr> <td>Rearing Habitat</td> <td>Moderate rearing -cover provided by LWD/SWD and overstream vegetation</td> </tr> <tr> <td>Spawning Habitat</td> <td>Pockets(&lt;3%) of suitable spawning habitat found at this site.</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                     |                                                                         |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  | Name    | Comments | OverWinter Habitat | No pools found greater than 0.2 m | Rearing Habitat | Moderate rearing -cover provided by LWD/SWD and overstream vegetation | Spawning Habitat | Pockets(<3%) of suitable spawning habitat found at this site.           |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Comments                                                              |                                     |                                                                         |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| OverWinter Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | No pools found greater than 0.2 m                                     |                                     |                                                                         |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| Rearing Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Moderate rearing -cover provided by LWD/SWD and overstream vegetation |                                     |                                                                         |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| Spawning Habitat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Pockets(<3%) of suitable spawning habitat found at this site.         |                                     |                                                                         |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| PHOTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       |                                     |                                                                         |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
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| Photo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Foc Lg                                                                | Dir                                 | Comments                                                                |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| R: 3 F: 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STD                                                                   | D                                   | Downstream photo of a riffle with overhanging vegetation (devil's club) |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| R: 3 F: 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STD                                                                   | U                                   | Upstream photo of the stream flowing through a rootwad                  |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
| COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                     |                                                                         |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
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| Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Comments                                                              |                                     |                                                                         |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                     |                                                                         |                                     |                                     |                                     |                                     |                          |                          |       |       |      |  |         |          |                    |                                   |                 |                                                                       |                  |                                                                         |                          |                          |                          |                                                        |                          |                          |    |      |      |      |      |      |      |    |    |    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |  |  |  |  |      |                 |    |      |      |      |      |      |      |  |  |  |  |      |  |           |     |     |           |         |   |      |            |         |   |  |       |     |     |   |   |    |    |    |         |   |   |   |   |   |   |   |             |                                     |                                     |                          |                                     |                                     |                                     |                                     |

FDIS Site Card

|                                                                      |                                                                                                           | Reach # | ILP Map # | ILP # | Site |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------|-----------|-------|------|
| Watershed Code: 000-000000-00000-00000-0000-0000-000-000-000-000-000 |                                                                                                           | 1.0     | 103P.030  | 11008 | 723  |
| Section                                                              | Comments                                                                                                  |         |           |       |      |
| SITE CARD                                                            | Fish form 30485                                                                                           |         |           |       |      |
| CHANNEL                                                              | Fish present below 19 % gradient. NFC caught upstream of gradient. Gradient break is the end of fish use. |         |           |       |      |
| CHANNEL                                                              | S4/S6 Stream                                                                                              |         |           |       |      |



## FDIS Fish Form

Watershed Code:

000-000000-00000-00000-0000-0000-000-000-000-000-000-000

Reach #

ILP Map #

ILP #

1.0

103P.030

11008

| WATERBODY                                                       |          |       |                          |            |                     |                  |          |                |                |                 |               |              |        |             |         |                                    |  |
|-----------------------------------------------------------------|----------|-------|--------------------------|------------|---------------------|------------------|----------|----------------|----------------|-----------------|---------------|--------------|--------|-------------|---------|------------------------------------|--|
| Gazetted Name:                                                  |          |       |                          |            |                     |                  |          |                |                | Local: None     |               |              |        |             |         |                                    |  |
| Project Code: 400-000000-00000-00000-0000-000-000-000-000-000-0 |          |       |                          |            |                     |                  |          |                |                |                 |               |              |        |             |         |                                    |  |
| WS Code: 000-000000-00000-00000-0000-000-000-000-000-000-000    |          |       |                          |            |                     |                  |          |                |                |                 |               |              |        |             |         |                                    |  |
| Waterbody ID:                                                   |          |       |                          |            | ILP Map #: 103P.030 |                  |          |                |                | ILP #:          |               | 11008        |        | Reach #:    |         | 1 -                                |  |
| Project ID: 3476                                                |          |       |                          |            | Lake/Stream: S      |                  |          |                |                | Lake From Date: |               |              |        |             |         |                                    |  |
| Fish Permit #:                                                  |          |       |                          | 25350K     |                     | Date: 2000/07/31 |          |                | To: 2000/07/31 |                 |               | Agency: C172 |        | Crew: EM/KT |         | Resample: <input type="checkbox"/> |  |
| SITE / METHOD                                                   |          |       |                          |            |                     |                  |          |                |                |                 |               |              |        |             |         |                                    |  |
| Site#                                                           | NID Map  | NID # | UTM:Zone/East/North/Mthd |            |                     |                  | MTD/NO   |                | Temp           | Cond            | Turbid        | Comment      |        |             |         |                                    |  |
| 723                                                             | 103P.030 | 65004 |                          |            |                     |                  | EF       | 1              | 8              | 30              | C             |              |        |             |         |                                    |  |
| A. GEAR SETTINGS                                                |          |       |                          |            |                     |                  |          |                |                |                 |               |              |        |             |         |                                    |  |
| Site#                                                           | MTD/NO   |       | H/P                      | Date In    | Time In             | Date Out         | Time Out | Comment        |                |                 |               |              |        |             |         |                                    |  |
| 723                                                             | EF       | 1     | 1                        | 2000/07/31 | 14:00               | 2000/07/31       | 15:00    |                |                |                 |               |              |        |             |         |                                    |  |
| C. ELECTROFISHER SPECIFICATIONS                                 |          |       |                          |            |                     |                  |          |                |                |                 |               |              |        |             |         |                                    |  |
| Site#                                                           | MTD/NO   |       | H/P                      | Encl       | Sec                 | Lnth             | Width    | Voltage        | Frequency      | Pulse           | Make          | Model        |        |             |         |                                    |  |
| 723                                                             | EF       | 1     | 1                        | O          | 935                 | 400.0            | 1.0      | 500            | 60             | 6               | SMITH<br>ROOT | 12B          |        |             |         |                                    |  |
| FISH SUMMARY                                                    |          |       |                          |            |                     |                  |          |                |                |                 |               |              |        |             |         |                                    |  |
| Site#                                                           | MTD/NO   |       | H/P                      | Species    | Stage               | Age              | Total #  | Lgth (Min/Max) |                | FishAct         | Comment       |              |        |             |         |                                    |  |
| 723                                                             | EF       | 1     | 1                        | DV         | J                   |                  | 1        | 65             | 65             |                 |               |              |        |             |         |                                    |  |
| INDIVIDUAL FISH DATA                                            |          |       |                          |            |                     |                  |          |                |                |                 |               |              |        |             |         |                                    |  |
| Site#                                                           | MTD/NO   |       | H/P                      | Species    | Length              | Weight           | Sex      | Mat            | Age            |                 | Vch#          | Genetic      | Roll # | Frame#      | Comment |                                    |  |
|                                                                 |          |       |                          |            |                     |                  |          |                | Str/Smpl#Age   |                 |               | Str/Smpl#    |        |             |         |                                    |  |
| 723                                                             | EF       | 1     | 1                        | DV         | 65                  |                  | U        | U              |                |                 |               |              |        |             |         |                                    |  |





Site #723, Downstream photo of a riffle with overhanging vegetation (devil's club)  
Roll #3, Frame #15, Date: 2000/07/31



Site #723, Upstream photo of the stream flowing through a rootwad  
Roll #3, Frame #16, Date: 2000/07/31



## **APPENDIX II**

### **Phase Completion Reports**

Phase I-III Completion Report  
Phase IV Completion Report  
Phase V-VI Completion Report

**Phase I to III Pre-field Project Planning Report - 1:20 000 Fish and Fish Habitat Inventory  
of the Sub-basins between and including Lorne and Mill Creeks on the North Side of the  
Skeena River within the Kispiox Forest District**

- **FRBC Project Number:** SCI\_C172\_010\_2001
- **FDIS Project Code:** 3476
- **Project Name:** Reconnaissance (1:20,000 scale) Fish and Fish Habitat of the Sub-basins between and including Lorne and Mill Creeks on the North Side of the Skeena River within the Kispiox Forest District.
- **FRBC Activity Number:** 712318
- **FRBC Region:** Skeena-Bulkley Region
- **MELP Region:** Skeena Region 6
- **Forest District:** Kispiox Forest District
- **Project Type:** 1:20 000 Reconnaissance
- **Report Date:** June 30, 2000
- **Proponent:** Skeena Cellulose Inc. (Carnaby Operations)
- **Company/Agency:** Triton Environmental Consultants Ltd.
- **Contact Person:** Jason Harris
- **Contact Phone:** (250) 635-1494
- **Contact E-mail:** jharris@triton-env.com
- **MELP Project Monitor:** Paul Giroux
- **FRBC Coordinator:** Todd Mahon
- **Proponent QA Monitor:**

**List of Deliverables Submitted (Phase I-III)**

| Deliverable Product                                                                                                                                                                                                                            | Received | Approved (QA) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|
| Bibliography (hardcopy and digital)                                                                                                                                                                                                            |          |               |
| List of Contacts (hardcopy and digital)                                                                                                                                                                                                        |          |               |
| Interim Maps with: <ul style="list-style-type: none"> <li>• watershed boundaries</li> <li>• waterbodies with ILP's or watershed codes</li> <li>• reach breaks with NIDS</li> <li>• lakes with NIDS</li> <li>• proposed sample sites</li> </ul> |          |               |
| Reach tables (digital FDIS)                                                                                                                                                                                                                    |          |               |
| Project Plan (hardcopy and digital)                                                                                                                                                                                                            |          |               |
| Lake tables (digital FDIS)                                                                                                                                                                                                                     |          |               |
| Phase completion report (hardcopy and digital)                                                                                                                                                                                                 |          |               |



### Activity Log (Phase I-III)

| Date             | Activity                         | Time Spent |
|------------------|----------------------------------|------------|
| June 25-30 2000  | Review and analyse existing data | 15 h       |
| June 15-30 2000  | Define reach boundaries          | 217 h      |
| June 25-30 2000  | Reach Annotation                 | 50 h       |
| June 25-30 2000  | Transfer existing data           | 20 h       |
| June 25-30 2000  | Basin classification             | 12 h       |
| July 3-4, 2000   | Define reach characteristics     | 125 h      |
| July 6-7, 2000   | Reach sample selection           | 15 h       |
| July 6-7, 2000   | Reach cards                      | 20 h       |
| July 10-15, 2000 | Develop project plan             | 12 h       |
| July 18, 2000    | Phase completion report          | 5 h        |
| July 10-15, 2000 | Bibliography                     | 4 h        |
| July 10-15, 2000 | Contact list                     | 5 h        |
| July 10-15, 2000 | Stream/wetland/lakes tables      | 4 h        |
| July 10-15, 2000 | Compile digital products         | 2 h        |
| July 10-15, 2000 | Compile report                   | 4 h        |

### Summary of Work Completed

A meeting was conducted with Todd Mahon (contract monitor) to obtain information regarding the project specifications and project area.

A background data review was conducted to establish existing information within the working area. These reports were obtained from the Ministry of Environment Land and Parks (MELP) office in Smithers, the SCL office in Carnaby and the BC Conservation Data Centre. A bibliography and contact list was completed (attached).

FISS maps were reviewed and compared with the data collected during the background review. Information that was not included on the FISS maps, as well as new information gathered in Phase 4, will be transcribed to a corresponding 1:50,000 scale National Topographic Scale (NTS) map at Phase 5.

The project area boundaries were delineated on TRIM maps and all streams, wetlands and lakes were assigned, waterbody identifiers or ILP's. Watershed codes and ILP's were assigned using Arcview and FDIS. Detailed map and air photo analysis was conducted in order to identify and classify sub-basins within the study area, to determine reach breaks and to determine individual reach characteristics for all watercourses, lakes and wetlands. The delineation of sub-basins was based on stream order and hierachy within the watershed.

All watercourses within the study area were divided into reaches and physical features affecting fish habitat suitability (including gradient, confinement, channel pattern and riparian vegetation) were identified.

- Planning for the field sampling portion of this project followed a balanced approach between MELP requirements and SCI's operational needs. Initial sample site selection was undertaken utilizing the FDIS random generator. Further discretionary sites were added to the initial randomly generated sampling sites.

Revisions to the stream sampling plan (alternate site locations) will be revised during Phase 4, which is scheduled to commence on July 24, 2000.

### **Progress and Problems Summary**

Due to the steep morphology of the study area, it is anticipated that barriers to fish may exist low in each watershed, close to the mainstem Skeena River. If this is the case, sample sites, most of which are placed randomly high in the watershed, will be completed in non-fish bearing streams. This is necessary to a point, however, completing order x 3 and 4 sample sites upstream of a barrier is not necessary and a waste of valuable helicopter and crew time. We anticipate several changes to the sampling plan, and as discussed with Paul Giroux and SCI these changes will significantly alter the original sample site selection. Detailed reach planning forms will be completed during Phase 5 and will be submitted as a deliverable for this phase.

No lakes were selected for sampling. Due to the steep nature of the terrain, lakes are not common throughout the study area. The existing lakes are either located in the alpine or in the lower valleys within fish bearing sections of the watersheds. It is anticipated that lake surveys would not play a large roll in determining fish presence throughout the study area.

### **Next Phase Project Plans and Constraints**

FISS updates will be provided with Phase V.

Phase IV (field) is scheduled to commence July 24, 2000

### **Summary of Phase 1-3 Costs**

|                   |             |
|-------------------|-------------|
| Professional Fees | \$24,056.00 |
| Disbursements     | \$1,084.00  |

Costs as per original budget



**Contract Monitor Acceptance**

|                                     |                     |
|-------------------------------------|---------------------|
| Report Submitted By: Bryan Williams | Date: July 20, 2000 |
| Phase Completion Approved:          | Date:               |
| Comments:                           |                     |

## PROJECT PHASE COMPLETION REPORT

### PHASE 4

- **MELP Project Number:** SCI\_C172\_010\_2001
- **Contract Name:** Reconnaissance (1:20 000 scale) Fish and Fish Habitat Inventory of Sub-basins between and including Lorne and Mill Creeks on the North Side of the Skeena River within the Kispiox Forest District
- **FRBC Activity Number:** 712318
- **FRBC Region:** Skeena-Bulkley Region
- **MELP Region:** Skeena 06
- **FDIS Project Code:** 3476
- **Forest District:** Kispiox Forest District
- **Project Type:** 1:20 000 Reconnaissance
- **Report Date:** October 2, 2000
- **Proponent:** Skeena Cellulose Inc. (Carnaby Operations)
- **Company/Agency:** Triton Environmental Consultants Ltd.
- **Contact Person:** Jason Harris
- **Contact Phone:** (250) 635-1494
- **Contact E-Mail:** jharris@triton-env.com
- **MELP Project Monitor:** Paul Giroux
- **FRBC Coordinator:** Todd Mahon
- **Proponent QA Monitor:** Chris Schell

#### List of Deliverables Submitted

| <u>Deliverable Product</u>                       | <u>Received</u>                         | <u>Approved</u> |
|--------------------------------------------------|-----------------------------------------|-----------------|
| Site Cards                                       | Delivered as attachment to Final Report |                 |
| Fish Collection Forms/Individual Fish Data Forms | Delivered as attachment to Final Report |                 |
| Additional Sampling Table                        | Delivered as attachment to Final Report |                 |
| Phase Completion Report                          |                                         |                 |
| Phase 2 Quality Assurance                        | Delivered as attachment to Final Report |                 |

At Paul Giroux's request, some of the above listed items will be delivered at project completion (as attachment to final report or appendices).



## Activity Log

| <u>Date</u>                       | <u>Activity</u>                                                                                | <u>Time Spent</u> |
|-----------------------------------|------------------------------------------------------------------------------------------------|-------------------|
| July 25, 2000 –<br>August 5, 2000 | Gear up, travel, field work and gear down for stream inventory in the Kispiox Forest District. | 490 hours         |

## Summary of Work Completed

Total number of stream reaches sampled: 118

## Summary of Phase Costs

|                   |             |
|-------------------|-------------|
| Professional Fees | \$19,049.00 |
| Disbursements     | \$20,070.00 |

## Progress and Problems Summary

Phase 4 was completed as scheduled. Sampling during late summer periods allowed crews to assess habitat during low flow conditions and gave a good representation of stream habitats throughout the year.

Helicopter time was used extensively to reference and locate several barriers downstream of selected inventory sites. Many of these additionally located barriers were confirmed as obstacles to upstream fish passage and changed the fish bearing status of several third order basins to non-fish bearing. Strategic sample selection by field crews maximized sampling efficiencies and further increased the non-fish bearing status of questionable streams.

Field crews were in constant contact with Paul Giroux (Fisheries Inventory Specialist) and Todd Mahon (FRBC contract monitor) when the originally proposed plan needed modifications. Modifications of the original plan were used to address barriers and provide additional fisheries information for the working area. In most cases sites downstream of known fish bearing reaches were moved to address barriers or provide additional sampling data to support non-fish bearing classifications.

## Next Phase Project Plans and Constraints

The project will now proceed with data compilation and reporting.

### Contract Monitor Acceptance

|                                   |                       |
|-----------------------------------|-----------------------|
| Report Submitted By: Jason Harris | Date: October 2, 2000 |
| Phase Completion Approved:        | Date:                 |
| Comments:                         |                       |



## PROJECT PHASE COMPLETION REPORT PHASE 5/6

- **MELP Project Number:** SCI\_C172\_010\_2001
- **Contract Name:** Reconnaissance (1:20 000 scale) Fish and Fish Habitat Inventory of Sub-basins between and including Lorne and Mill Creeks on the North Side of the Skeena River within the Kispiox Forest District
- **FRBC Activity Number:** 712318
- **FRBC Region** Skeena-Bulkley Region
- **MELP Region** Skeena 06
- **FDIS Project Code:** 3476
- **Forest District** Kispiox Forest District
- **Project Type:** 1:20 000 Reconnaissance
- **Report Date:** January 15, 2001
- **Proponent:** Skeena Cellulose Inc. (Carnaby Operations)
- **Company/Agency:** Triton Environmental Consultants Ltd.
- **Contact Person:** Jason Harris
- **Contact Phone:** (250) 635-1494
- **Contact E-Mail:** jharris@triton-env.com
- **MELP Project Monitor:** Paul Giroux
- **FRBC Coordinator:** Todd Mahon
- **Proponent QA Monitor:** Chris Schell

### List of Deliverables Submitted

| <u>Deliverable Product</u>                        | <u>Received</u> | <u>Approved (QA)</u> |
|---------------------------------------------------|-----------------|----------------------|
| FDIS Site Cards (in watershed reports)            |                 |                      |
| FDIS Fish Collection Forms (in watershed reports) |                 |                      |
| FDIS Database (as e-mail attachment)              |                 |                      |
| Planning Document (as attachment)                 |                 |                      |
| Field Notes (as attachment)                       |                 |                      |
| Fish Ageing Structures (as attachment)            |                 |                      |
| Photodocumentation (as attachment)                |                 |                      |
| Digital Data (as attachment)                      |                 |                      |
| FISS update data (as attachment)                  |                 |                      |
| Final Reports (hardcopy and digital)              |                 |                      |
| Project Overview Map                              |                 |                      |
| Interpretive Maps                                 |                 |                      |
| Project Maps                                      |                 |                      |

## Activity Log

| <u>Date</u>                 | <u>Activity</u>                        | <u>Time Spent</u> |
|-----------------------------|----------------------------------------|-------------------|
| October -<br>November 2000  | site card entry                        |                   |
| November -<br>December 2000 | fish collection form entry             |                   |
| November -<br>December 2000 | photo development/scanning/printing    |                   |
| November -<br>December 2000 | watershed reporting                    |                   |
| December –<br>January 00/01 | mappping project/interpretive/overview |                   |

### Summary of Work Completed

Total number of stream reaches processed:

Kispiox: 118

### Summary of Phase I-III Costs

|                   |             |
|-------------------|-------------|
| Professional Fees | \$24,056.00 |
| Disbursements     | \$1,084.00  |

### Summary of Phase IV Costs

|                   |             |
|-------------------|-------------|
| Professional Fees | \$19,049.00 |
| Disbursements     | \$20,070.00 |

### Summary of Phase V Costs

|                   |            |
|-------------------|------------|
| Professional Fees | \$6,048.00 |
| Disbursements     | \$298.00   |

### Summary of Phase VI Costs

|                   |             |
|-------------------|-------------|
| Professional Fees | \$26,411.00 |
| Disbursements     | \$2,983.00  |

### Summary of Total Project Costs

|                   |             |
|-------------------|-------------|
| Professional Fees | \$75,564.00 |
| Disbursements     | \$24,435.00 |



## **Progress and Problems Summary**

The reporting and mapping procedures followed those outlined in the *Reconnaissance (1:20,000) Inventory Standards* and includes additional data not otherwise required. The digitally produced maps include all information as per RIC standards and the contract. These maps include: watershed codes: ILP's: stream names: waterbody identifiers: stream networks: reach breaks: fish sampling/site card locations: fisheries sensitive zones: fish species: and features.

All data entered into FDIS was audited using MELP's QA/QC tool prior to inclusion into the watershed reports.

## **Next Phase Project Plans and Constraints**

Watershed codes were not received by project draft deliverable due date and therefore, conversions from ILP to watershed codes was not completed.

Nid to UTM conversions will be completed post QA/QC.

Digital mapping QA will be completed internally by Triton after QA/QC has been completed (as per Paul Giroux's (Regional Inventory Specialist) request).

## **Contract Monitor Acceptance**

|                                   |                        |
|-----------------------------------|------------------------|
| Report Submitted By: Jason Harris | Date: January 15, 2001 |
| Phase Completion Approved:        | Date:                  |
| Comments:                         |                        |

## **APPENDIX III**

### **Quality Assurance Forms and Correspondence**

Stage I Quality Assurance  
Stage II Quality Assurance  
Stage III Quality Assurance  
NFBS Review/Acceptance  
Misc. Correspondence



March 20, 2001

Todd Mahon, Wildfor Consultants  
FRBC Co-ordinator, Skeena Cellulose Ltd.  
Smithers, BC, V0J 2N0

Re: Quality Assurance of 1:20,000 Fish and Fish Habitat Inventory in the Kispiox Forest District completed by Triton Environmental Consultants Ltd.

Todd,

I have completed my second and final stage 3 quality assurance (QA) review of the aquatic inventory deliverables produced by Triton Environmental Consultants Ltd. With a few outstanding issues that I have discussed with Jason Harris, all of which will be dealt with in the final deliverables, all the concerns I identified during my first QA review have been addressed. **As a result, I'm pleased to grant final QA approval for this project.**

The original QA package and this letter will serve as the QA deliverables required for this phase, and should be forwarded to Paul Giroux with the final products. If you have any questions please contact me by e-mail (schell@bulkley.net) or by telephone (250-847-0180).

Sincerely,

Chris Schell, M.Sc. R.P.Bio

cc. Jason Harris, Triton Environmental Consultants Ltd., Terrace, BC

October 15, 2000

Todd Mahon, Wildfor Consultants  
FRBC Coordinator, Skeena Cellulose Inc., Carnaby Operations  
#10 North Boundary Rd.  
South Hazelton, B.C., V0J 2R0

Todd:

The stage 1 quality assurance (QA) review of the 1:20k stream inventory program conducted by Triton Environmental Consultants Ltd. for SCI Carnaby has been completed. Resources Inventory Committee standard QA forms were filled-out during the audit and are included with this letter. These forms list objectives that were met and comments pertaining to any problems that were identified during the QA review.

Except for the maps, I received only digital deliverables. While these were sufficient for most of my QA purposes, hard copy reports and the overview map need to be submitted with the final deliverables. The background search for information was relatively complete, though it appears that no people were consulted for fisheries information for the area. The maps were reviewed for complete ILP coverage and also reach break analysis. Both were fine. ILP data tables were not submitted for QA and I would like to see them, digital file over e-mail would be fine.

The stream and lake checks found a few mistakes which require correction, but the error rate was well within allowable levels. The sampling plan was based on FDIS random samples plus a number of bias samples placed strategically to determine the upstream limits of fish distribution. The regional inventory specialist has allowed movement of randomly selected sites in the field if it becomes obvious that they are in non-fish bearing areas. This will likely result in significant changes to the final distribution of samples, but the result will be increased information per sample.

Overall, this project has no significant errors and has passed QA. I would only ask Triton to forward me a digital copy of the ILP tables for review. If you have any questions regarding the information presented in this memo or in the QA forms, please contact me by e-mail (schell@mail.bulkley.net) or by telephone (250-847-0180).

Sincerely,

Chris Schell  
QA/QC Monitor  
Fish and Fish Habitat Inventory

cc. Jason Harris, Triton Environmental Consulting Ltd., Smithers, BC



Check to ensure that a pre-field project planning report was received with all the associated deliverable products.

| Deliverable                                 | Hardcopy | Digital | Comments                                                                |
|---------------------------------------------|----------|---------|-------------------------------------------------------------------------|
| 1. Cover page                               | N        | Y       | <u>See final report appendices</u>                                      |
| 2. List of digital products                 | N        | Y       | <u>See final report appendices</u>                                      |
| 3. Overview map                             | N        | N       | Not present <u>See final report</u>                                     |
| 4. FISS map                                 | N        | N.A.    | To be submitted with phase 5-6                                          |
| 5. Existing data review                     |          |         | <u>See final report appendices</u>                                      |
| • list of references                        | N        | Y       |                                                                         |
| • list of contacts                          | N        | Y       | <u>See final report appendices</u>                                      |
| • new FISS information summary and products | N        | N.A.    | To be submitted with phase 5-6                                          |
| 6. ILP data*                                |          |         | <u>Hard copy not required. Digital sent to Chris Schell (Dec 01/00)</u> |
| • ILP data sheets                           | N        | N       |                                                                         |
| • ILP maps                                  | Y        | NA      |                                                                         |
| • ILP information sent to ministry          |          |         |                                                                         |
| 7. Interim maps*                            | Y        | N.A.    |                                                                         |
| 8. FDIS database                            | N.A.     | Y       |                                                                         |
| 9. Sampling design sheets                   | N        | Y       | <u>See final report appendices</u>                                      |
| 10. Aerial video record (optional)          | N.A.     | N.A.    |                                                                         |
| 11. Project plan                            | N        | Y       | <u>See final report appendices</u>                                      |

Approved: Y

Comments:

**Recommended actions:**

Send me the ILP datasheets for review. Submit the missing hard copies and the overview map with the final deliverables. OK

\* If ILP maps and ILP data sheets have been sent to the ministry for processing, ILPs must be shown on the interim maps to allow QA to proceed.

| Deliverable      | Deliverable check                                                                                                                                | Acceptable<br>Y/N | Comments                                                                                                          |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------|
| List of contacts | Is list of contacts provided in acceptable format?                                                                                               | Y                 |                                                                                                                   |
|                  | Have all relevant contacts for the project area in question been pursued?                                                                        | N                 | None of the listed contacts provided any fisheries information. Did you contact anyone for fisheries information? |
|                  | <ul style="list-style-type: none"> <li>If <b>NO</b>, report known important contacts not provided on list.</li> </ul>                            |                   |                                                                                                                   |
| Bibliography     | Is bibliography provided in acceptable format?                                                                                                   | Y                 |                                                                                                                   |
|                  | Does the bibliography adequately cover the information known to be available for the project area in question?                                   | Y                 |                                                                                                                   |
|                  | <ul style="list-style-type: none"> <li>If <b>NO</b>, report known available information that was not provided in bibliography.</li> </ul>        |                   |                                                                                                                   |
| FISS information | Has FISS update information been provided for new sources of fisheries information that were not referenced in FISS as required in the contract: | N                 | To be submitted during phase 5-6                                                                                  |
|                  | <ul style="list-style-type: none"> <li>FISS forms</li> </ul>                                                                                     |                   |                                                                                                                   |
|                  | <ul style="list-style-type: none"> <li>clean NTS maps</li> </ul>                                                                                 |                   |                                                                                                                   |
|                  | <ul style="list-style-type: none"> <li>a copy of each new source provided</li> </ul>                                                             |                   |                                                                                                                   |
|                  | <ul style="list-style-type: none"> <li>a reference to each new source provided</li> </ul>                                                        |                   |                                                                                                                   |
|                  | <ul style="list-style-type: none"> <li>If <b>NO</b>, report required information not provided.</li> </ul>                                        |                   |                                                                                                                   |

Approved: Y

Comments:

Recommended actions:



List of reaches checked (FDIS /maps/air photos)

|            | 1       | 2       | 3        | 4       | 5       | 6       | 7       | 8       | 9       | 10      |
|------------|---------|---------|----------|---------|---------|---------|---------|---------|---------|---------|
| ILP or NID | N 21287 | I 10885 | I 100628 | I 10055 | I 10344 | I 10320 | N 21358 | N 21139 | N 20914 | N 20379 |
| Map        | 103i097 | 103i098 | 103p020  | 103p008 | 103p018 | 103p018 | 103i088 | 103i098 | 103p008 | 103p018 |
| Reach #    | 8       | 2       | 1        | 2       | 1       | 2       | 2       | 3       | 1       | 2       |

| For all reaches                                                                                      | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Comments |
|------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|----|----------|
| Watershed code or<br>ILP # and ILP map #                                                             |   |   |   |   |   |   |   |   |   |    |          |
| ILP sheet, FDIS, ILP (or interim) map<br>all match                                                   |   |   |   |   |   |   |   |   |   |    |          |
| NID # and NID map # or<br>UTM (optional, but no errors allowed;<br>do not include in marking scheme) |   |   |   |   |   |   |   |   |   |    |          |
| TRIM map number                                                                                      |   |   |   |   |   |   |   |   |   |    |          |
| Reach number                                                                                         |   |   |   |   |   |   |   |   |   |    |          |
| Reach break location                                                                                 |   |   |   |   |   | X |   |   |   |    |          |
| Reach map symbol                                                                                     |   |   |   |   |   |   |   |   |   |    |          |
| Map status                                                                                           |   |   |   |   |   |   |   |   |   |    |          |
| Order                                                                                                |   |   |   |   |   |   |   |   |   |    |          |
| Upstream/Downstream elevation                                                                        |   |   |   |   |   |   |   |   |   |    |          |
| Length                                                                                               |   |   |   |   |   |   |   |   |   |    |          |
| Pattern                                                                                              |   |   |   |   |   |   |   |   |   |    |          |
| Confinement                                                                                          |   |   |   |   |   |   |   |   |   |    |          |
| AN/BR                                                                                                |   |   |   |   |   |   |   |   |   |    |          |
| Basin type                                                                                           |   |   |   |   |   |   |   |   |   |    |          |
| <b>Total errors</b>                                                                                  | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0  |          |
| <b>Shaded cell errors</b>                                                                            |   |   |   |   |   |   |   |   |   |    |          |
| Features                                                                                             | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Comments |
| NID and NID map number                                                                               |   |   |   |   |   |   |   |   |   |    |          |
| Map symbol                                                                                           |   |   |   |   |   |   |   |   |   |    |          |
| <b>Total errors</b>                                                                                  |   |   |   |   |   |   |   |   |   |    |          |
| <b>Shaded cell errors</b>                                                                            |   |   |   |   |   |   |   |   |   |    |          |

**Note:** Any error identified in a shaded cell constitutes a failure.6) the lake in this reach should be broken-out into a separate reach. Added lake to FDIS and fixed stream reaches

| Reaches to be field sampled | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Comments |
|-----------------------------|---|---|---|---|---|---|---|---|---|----|----------|
| BCG zone                    |   |   |   |   |   |   |   |   |   |    |          |
| Setting                     |   |   |   |   |   |   |   |   |   |    |          |
| Open water                  |   |   |   |   |   |   |   |   |   |    |          |
| Coupling                    |   |   |   |   |   |   |   |   |   |    |          |
| Valley flat                 |   |   |   |   |   |   |   |   |   |    |          |
| Active floodplain           |   |   |   |   |   |   |   |   |   |    |          |
| Islands                     |   |   |   |   |   |   |   |   |   |    |          |
| Bars                        |   |   |   |   |   |   |   |   |   |    |          |
| Disturbance indicators      |   |   |   |   |   |   |   |   |   |    |          |
| Mass movement               |   |   |   |   |   |   |   |   |   |    |          |
| Riparian vegetation         |   |   |   |   |   |   |   |   |   |    |          |
| Exposed/Eroded              |   |   |   |   |   |   |   |   |   |    |          |
| Land use                    |   |   |   |   |   |   |   |   |   |    |          |
| <b>Total errors</b>         |   |   |   |   |   |   |   |   |   |    |          |

**Comments:**

**Recommended actions:**



List of reaches checked (FDIS /maps/air photos)

|            | 1        | 2       | 3        | 4        | 5        | 6        | 7        | 8        | 9        | 10       |
|------------|----------|---------|----------|----------|----------|----------|----------|----------|----------|----------|
| ILP or NID | I 11005  | I 10468 | I 11029  | N 20191  | I 10693  | N 20193  | I 10423  | I 21341  | I 20172  | I 11089  |
| Map #      | 103p.030 | 103p.19 | 103p.030 | 103p.019 | 103i.088 | 103p.019 | 103p.019 | 103p.020 | 103p.019 | 103p.020 |
| Reach #    | 1        | 1       | 1        | 1        | 1        | 1        | 1        | 1        | 1        | 1        |

| For all reaches                                                                                      | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Comments                |
|------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|----|-------------------------|
| Watershed code or<br>ILP # and ILP map #                                                             |   |   |   |   |   |   |   |   |   |    |                         |
| ILP sheet, FDIS, ILP (or interim) map<br>all match                                                   | X |   |   |   |   | X |   |   |   |    |                         |
| NID # and NID map # or<br>UTM (optional, but no errors allowed;<br>do not include in marking scheme) |   |   |   |   |   |   |   |   |   | X  |                         |
| TRIM map number                                                                                      |   |   |   |   |   |   |   |   |   |    |                         |
| Reach number                                                                                         |   |   |   |   |   |   |   |   |   |    |                         |
| Reach break location                                                                                 |   |   |   |   |   |   |   |   |   |    |                         |
| Reach map symbol                                                                                     |   |   |   |   |   |   |   |   |   |    |                         |
| Map status                                                                                           |   |   |   |   |   |   |   |   |   |    |                         |
| Order                                                                                                |   |   |   |   |   |   |   | X |   |    |                         |
| Upstream/Downstream elevation                                                                        |   |   |   |   |   |   |   |   |   |    |                         |
| Length                                                                                               |   |   |   |   |   |   |   |   |   |    |                         |
| Pattern                                                                                              |   |   |   |   |   |   |   |   |   |    |                         |
| Confinement                                                                                          | ? |   |   |   |   |   |   |   |   |    | 1) I would have said OC |
| AN BR                                                                                                |   |   |   |   |   |   |   |   |   |    |                         |
| Basin type                                                                                           |   |   |   |   |   |   |   |   |   |    |                         |
| Total errors                                                                                         | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1  |                         |
| Shaded cell errors                                                                                   | 1 |   |   |   |   | 1 |   |   |   | 1  |                         |
| Features                                                                                             | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Comments                |
| NID and NID map number                                                                               |   |   |   |   |   |   |   |   |   |    |                         |
| Map symbol                                                                                           |   |   |   |   |   |   |   |   |   |    |                         |
| Total errors                                                                                         |   |   |   |   |   |   |   |   |   |    |                         |
| Shaded cell errors                                                                                   |   |   |   |   |   |   |   |   |   |    |                         |

**Note:** Any error identified in a shaded cell constitutes a failure.1) ILP number on map and in FDIS differ. Fixed6) ILP 10462 on map and ILP 10482 in FDIS. Fixed (changed on map)8) According to the ILP dots on the map, this ILP label applies to a 1<sup>st</sup> order stream, not a 2<sup>nd</sup>.  
Fixed (changed in FDIS)10) NID number is on the wrong ILP (11090). ILP (11090) is missing in FDIS but present on map. Fixed (added 11090 to FDIS and changed NID#)

| Reaches to be field sampled | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Comments |
|-----------------------------|---|---|---|---|---|---|---|---|---|----|----------|
| BCG zone                    |   |   |   |   |   |   |   |   |   |    |          |
| Setting                     |   |   |   |   |   |   |   |   |   |    |          |
| Open water                  |   |   |   |   |   |   |   |   |   |    |          |
| Coupling                    |   |   |   |   |   |   |   |   |   |    |          |
| Valley flat                 |   |   |   |   |   |   |   |   |   |    |          |
| Active floodplain           |   |   |   |   |   |   |   |   |   |    |          |
| Islands                     |   |   |   |   |   |   |   |   |   |    |          |
| Bars                        |   |   |   |   |   |   |   |   |   |    |          |
| Disturbance indicators      |   |   |   |   |   |   |   |   |   |    |          |
| Mass movement               |   |   |   |   |   |   |   |   |   |    |          |
| Riparian vegetation         |   |   |   |   |   |   |   |   |   |    |          |
| Exposed/Eroded              |   |   |   |   |   |   |   |   |   |    |          |
| Land use                    |   |   |   |   |   |   |   |   |   |    |          |
| <b>Total errors</b>         |   |   |   |   |   |   |   |   |   |    |          |

**QA Summary**

|                                                  | All reaches |     | Features |  | Sampled reaches |     |
|--------------------------------------------------|-------------|-----|----------|--|-----------------|-----|
| Number of reaches sampled                        | 20          |     | 0        |  | 5               |     |
| Number of marks (N reaches sampled × attributes) | N×15        | 300 | N×2      |  | N×13            | 260 |
| Maximum errors acceptable (12% of marks)         | 36          |     | na       |  | 31              |     |
| Number of errors found                           | 5           |     | -        |  | -               |     |
| Is the number of errors acceptable (Y/N)         | Y           |     | -        |  | -               |     |
| Number of errors in zero-tolerance attributes    | 3           |     | -        |  | -               |     |

**Approved:** Y**Comments:**

Reaches to be sampled did not have a reach form completed during phase 1-3. I will check reach cards of sampled reaches during phase 5-6 checks.

**Recommended actions:**

Correct all zero-tolerance errors. Conduct a search for other such errors.



|                  | 1             | 2             | 3             | 4             | 5             | 6             | 7             | 8        | 9        | 10            |
|------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------|----------|---------------|
| ILP = or<br>WBID | 00273<br>KLUM | 00229<br>KLUM | 00109<br>KLUM | 00113<br>KLUM | 00097<br>KLUM | 00082<br>KLUM | 00014<br>KLUM | 20316    | 13074    | 00871<br>KISP |
| Reach =          | 6             | 2             | 1             | 3             | 9             | 4             | 6             | 5        | 2        | 7             |
| Map =            | 103i097       | 103i.098      | 103p.008      | 103p.008      | 103p.008      | 103p.009      | 103p.018      | 103p.019 | 103p.020 | 103p.030      |

| Attribute                         | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Comments |
|-----------------------------------|---|---|---|---|---|---|---|---|---|----|----------|
| Official name                     |   |   |   |   |   |   |   |   |   |    |          |
| Alias or local name               |   |   |   |   |   |   |   |   |   |    |          |
| WSC and waterbody identifier "or" |   |   |   |   |   |   |   | X |   | X  |          |
| ILP number and ILP map number     |   |   |   |   |   |   |   | X | X |    |          |
| NID # and NID map #               |   |   |   |   |   |   |   |   |   |    |          |
| Reach number                      |   |   |   |   |   |   |   |   |   |    |          |
| Basin type                        |   |   |   |   |   |   |   |   |   |    |          |
| Group                             |   |   |   |   |   |   |   |   |   |    |          |
| Class (P/S)                       |   |   |   |   |   |   |   |   |   |    |          |
| Genesis                           |   |   |   |   |   |   |   |   |   |    |          |
| Surface area                      |   |   |   |   |   |   |   |   |   |    |          |
| Magnitude                         | X | X |   |   |   |   |   |   |   | X  |          |
| Biogeoclimatic zone               |   |   |   |   |   |   |   |   |   |    |          |
| Wetland                           |   |   |   |   |   |   |   |   |   |    |          |
| Total errors for each lake        | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 2  | 7        |

**QA Summary**

|                                                | Lakes |     |
|------------------------------------------------|-------|-----|
| Number of lakes sampled                        | 10    |     |
| Number of marks (N lakes sampled x attributes) | N×13  | 130 |
| Maximum errors acceptable (12% of marks)       | 15.6  |     |
| Number of errors found                         | 7     |     |
| Is the number of errors acceptable (Y/N)       | Y     |     |
| Number of errors in zero-tolerance attributes  | 4     |     |

**Approved:** Y**Comments:****Recommended actions :**1,2) If there are no inlets, magnitude should be 0, not left blank. Fixed -6) Why are the reach breaks ~100 m away from the lake? Fixed8) This lake is recorded as an ILP in FDIS and as a WBID on the map. The two must be consistent. Fixed9) There is no ILP label on the map for this lake, or the other ILP lake on this map for that matter. These these errors are "zero-tolerance" and required fixing. Fixed10) Lake is mis-labeled on the map. Magnitude is 12, not 10. Fixed

|                                                                                                          | Acceptable<br>(Y/N) | Comment                                                                           |
|----------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------|
| Is the inventory watershed based (i.e., entire watershed)?                                               | Y                   |                                                                                   |
| Are <b>random</b> reaches selected for sampling based on the FDIS statistical sampling design?           | Y                   |                                                                                   |
| For low gradient or small/medium sized streams, is the sample size of reaches $\geq 8$ ?                 | Y                   |                                                                                   |
| For higher gradient (20–30%) or large sized streams, is the minimum sample size 2 and maximum 25?        | Y                   |                                                                                   |
| Are <b>discretionary</b> reach samples included?                                                         | Y                   | Usually on low gradient mainstem sites.                                           |
| • above or below barriers                                                                                | Y                   |                                                                                   |
| • adjacent to identified cutblocks                                                                       | ?                   |                                                                                   |
| • major inlets and outlets to secondary lakes                                                            | NA                  |                                                                                   |
| • of inlets and outlets to primary lakes                                                                 | NA                  |                                                                                   |
| • to achieve connectivity within sub-basins for fish distribution and identification of upstream limits. | Y                   |                                                                                   |
| Are proposed reach sample sites shown on TRIM maps with solid and dashed green lines?                    | Y                   | Green and orange.                                                                 |
| Are planning tables complete with gear and voucher requirements indicated?                               | Y                   | Gear and voucher requirements are present for all reaches, sampled or otherwise.  |
| Does the distribution of sample sites adequately represent all basin types and basin connectivities.     | Y                   |                                                                                   |
| Is the overall sampling rate (sample number vs total number of reaches) acceptable?                      | Y                   | For such a large project with so many high gradient reaches (17% of reaches <20%) |
| <b>Does the sample design adequately cover the requirements for a reconnaissance inventory?</b>          | Y                   |                                                                                   |

**Note:** Any error identified in a shaded cell constitutes a failure.

Approved: ☐ Y ☐ N

Comments:

**Recommended actions:**



|                                                                                                                                         | Acceptable<br>(Y/N) | Comment |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------|
| Is the lakes planning table complete and accurate (including classification of lakes as primary, secondary or not sampled)?             | NA                  |         |
| Will all identified primary lakes be sampled?                                                                                           | NA                  |         |
| Is there at least one lake from each lake group identified that will be sampled?                                                        | NA                  |         |
| Will at least 20% of all identified secondary lakes be sampled?                                                                         | NA                  |         |
| Is justification provided for those lakes that will not be sampled?                                                                     | NA                  |         |
| Are lakes proposed for sampling outlined on TRIM maps with solid and dashed green lines?                                                | NA                  |         |
| Are planning tables complete with gear and voucher requirements indicated?                                                              | NA                  |         |
| <b>Does the sample design adequately cover the requirements for a reconnaissance inventory? If no, the sampling design is rejected.</b> | NA                  |         |

Approved: Y

Comments:

No lake sampling is planned.

Recommended actions:

|                                                                                                                                                 | Acceptable<br>(Y/N) | Comment                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------|
| Does the project plan cover field inventory procedures?                                                                                         | Y                   |                          |
| Does the project plan cover data compilation?                                                                                                   | Y                   |                          |
| Does the plan cover reporting requirements?                                                                                                     | Y                   |                          |
| Does the plan include proposed staff for field phase?                                                                                           | Y                   |                          |
| Has existing data been considered and used in the project plan?                                                                                 | Y                   |                          |
| Have sampling intentions of relevant WRP projects or other inventory project requirements been incorporated into the plan to avoid duplication? | Y                   |                          |
| Has the plan integrated the sampling of lake and stream habitats, in particular, with any aerial over flights and sampling of lake tributaries? | NA                  |                          |
| Have requirements for effective sampling methods in relation to stream reach and lake types been addressed?                                     | Y                   |                          |
| Have requirements for biological and water samples been properly considered?                                                                    |                     |                          |
| • water sampling particularly in primary lakes                                                                                                  | NA                  |                          |
| • fish voucher specimens                                                                                                                        | Y                   |                          |
| • other samples.                                                                                                                                | NA                  |                          |
| Does and should the plan incorporate any special fish species level inventory needs on a provincial or regional scale?                          | N                   |                          |
| Are budget and schedule adequate to complete the project as planned?                                                                            | Y                   |                          |
| If the answer to any of the above is no, is this going to have an impact on the inventory project? If so, the project plan is rejected.         | Y                   | Project plan is accepted |

Approved: Y

Comments:

Recommended actions:

Have a nice day.



September 28, 2000

Todd Mahon. Wildfor Consulting  
FRBC Co-ordinator. Skeena Cellulose Inc.. Carnaby Operations  
#10 North Boundary Rd.  
South Hazelton. BC. V0J 2R0

Todd:

The stage 2 quality assurance (QA) audits of the 1:20k stream inventory field data collection performed by Triton Environmental Consulting Ltd. has been completed. Resources Inventory Committee standard QA forms were completed during the audit and are included with this letter. These forms list objectives that were met and comments pertaining to any problems that were identified during the QA evaluation.

All crews passed the stage 2 QA audit with no comments. All demonstrated a proficient knowledge of how to collect and record data for the site card and fish collection form to full RIC standards. Fish collection effort and technique was also to standards and safety measures were maintained. I have audited the work of all the crewmembers in previous years and their positive response to my past comments has left me with nothing left to say this year.

This letter concludes the stage 2 QA audit and reporting. If you have any questions regarding the information presented in this letter or in the QA forms please contact me by e-mail (schell@bulkley.net) or by telephone (250-847-0180).

Sincerely,

Chris Schell  
Quality Assurance Monitor Fish and Fish Habitat Inventory

cc. Jason Harris. Triton Environmental Consulting Ltd., Terrace . BC

**FISH INVENTORY QUALITY ASSURANCE CHECK FORM**

Project name: Skeena Cellulose Inc. 1:20k Aquatic Inventory – 2000

FRBC project number: \_\_\_\_\_ MELP project number: \_\_\_\_\_

Contractor: Triton Environmental Consulting Ltd.

Field audit by: Chris Schell Site identifier: na Field audit date: September, 2000

**FORM 2A FIELD AUDIT: CREW INFORMATION, PERMITS AND SAFETY****Crew information**

| Crew members' names | Listed in contract or plan | Area of expertise (bio, geo, other) | First aid |                | Electrofishing |             |
|---------------------|----------------------------|-------------------------------------|-----------|----------------|----------------|-------------|
|                     |                            |                                     | Level 1   | Transportation | Crew member    | Crew leader |
| Jason Harris        | Y                          | Bio                                 | Y         | Y              |                | Y           |
| Jason Dore          | Y                          | Bio                                 | Y         | Y              |                | Y           |
| Eva Wichmann        | Y                          | Bio                                 | Y         | Y              |                | Y           |
| Eamon Miyagi        | Y                          | Bio                                 | Y         | Y              |                | Y           |

QA comments about crew and/or certifications:

**Permits and safety equipment**

| Group       | Item                        | Acceptable |   | Specify problem |
|-------------|-----------------------------|------------|---|-----------------|
|             |                             | Y          | N |                 |
| Permits     | MELP fish collection permit | Y          |   |                 |
|             | DFO fish collection permit  | Y          |   |                 |
| Safety plan | Safety plan in place        | Y          |   |                 |
|             | Is safety plan followed     | Y          |   |                 |

QA comments about permits and safety:

**Note:** If any obvious WCB regulations are contravened, the QA team must immediately inform the responsible contract manager and the ministry representative. \_\_

**Field Audit Confirmation**

Field audit leader: Chris Schell For field crew: All



# FISH INVENTORY QUALITY ASSURANCE CHECK FORM

Project name: Skeena Cellulose Inc., 1:20k Aquatic Inventory - 2000  
 FRBC project number: \_\_\_\_\_ MELP project number: \_\_\_\_\_  
 Contractor: Triton Environmental Consulting Ltd.  
 Field audit by: Chris Schell Site identifier: na Field audit date: September, 2000

## FORM 2B FIELD AUDIT FOR STREAM SURVEYS: SITE CARD PROCEDURES CHECK – PAGE 1 OF 2

| Materials present in field | Y | N | Notes |
|----------------------------|---|---|-------|
| Site cards                 | Y |   |       |
| Field reference materials  | Y |   |       |
| Field maps                 | Y |   |       |

| List equipment used             | Calibrated (Y/N) | Proper use (Y/N) | Notes |
|---------------------------------|------------------|------------------|-------|
| pH – electronic meter           | Y                | Y                |       |
| Conductivity – electronic meter | Y                | Y                |       |
| Temperature – alcohol therm.    | Y                | Y                |       |
|                                 |                  |                  |       |
|                                 |                  |                  |       |
|                                 |                  |                  |       |
|                                 |                  |                  |       |
|                                 |                  |                  |       |
|                                 |                  |                  |       |

| Group          | Item                     | Acceptable |      | Notes |
|----------------|--------------------------|------------|------|-------|
|                |                          | Tech.      | Data |       |
| Site selection | Representative site      | Y          | Y    |       |
| Reference      | Stream name (Gaz)        | Y          | Y    |       |
|                | Alias                    | Y          | Y    |       |
|                | WSD code or              | Y          | Y    |       |
|                | ILP # and ILP map #      | Y          | Y    |       |
|                | Map NID and NID map #    | Y          | Y    |       |
|                | Field UTM (and method)   | Y          | Y    |       |
|                | Reach number             | Y          | Y    |       |
|                | Site number              | Y          | Y    |       |
|                | Site length (and method) | Y          | Y    |       |
|                | Access                   | Y          | Y    |       |
|                | Date, time               | Y          | Y    |       |
|                | Agency                   | Y          | Y    |       |
|                | Crew                     | Y          | Y    |       |
|                | Fish form                | Y          | Y    |       |
| Channel        | Equipment                | Y          | Y    |       |
|                | Channel widths           | Y          | Y    |       |
|                | Wetted widths            | Y          | Y    |       |

Notes:

Notes:

Field Audit Confirmation:

Field audit leader: Chris Schell For field crew: ALL

| Group                  | Item                      | Acceptable |      | Note |
|------------------------|---------------------------|------------|------|------|
|                        |                           | Tech.      | Data |      |
| Channel<br>(continued) | Residual pool depth       | Y          | Y    |      |
|                        | Bankfull depth            | Y          | Y    |      |
|                        | Gradient                  | Y          | Y    |      |
|                        | Stage                     | Y          | Y    |      |
|                        | NVC; Dry/Int; DW; Tribs   | Y          | Y    |      |
| Cover                  | Total cover               | Y          | Y    |      |
|                        | Cover elements            |            |      |      |
|                        | • amount                  | Y          | Y    |      |
|                        | • location                | Y          | Y    |      |
|                        | Crown closure             | Y          | Y    |      |
|                        | Large woody debris        | Y          | Y    |      |
|                        | • function                | Y          | Y    |      |
|                        | • distribution            | Y          | Y    |      |
|                        | Instream vegetation       | Y          | Y    |      |
|                        | Left and right bank shape | Y          | Y    |      |
|                        | Texture                   | Y          | Y    |      |
|                        | Riparian vegetation       | Y          | Y    |      |
|                        | Stage                     | Y          | Y    |      |
| Morphology             | Flood signs               | Y          | Y    |      |
|                        | Bed material              | Y          | Y    |      |
|                        | D95                       | Y          | Y    |      |
|                        | D                         | Y          | Y    |      |
|                        | Morphology                | Y          | Y    |      |
|                        | Disturbance indicators    | Y          | Y    |      |
|                        | Channel pattern           | Y          | Y    |      |

Notes:

| Group                   | Item              | Acceptable |      | Notes |
|-------------------------|-------------------|------------|------|-------|
|                         |                   | Tech.      | Data |       |
| Morphology<br>(cont.)   | Islands           | Y          | Y    |       |
|                         | Bars              | Y          | Y    |       |
|                         | Coupling          | Y          | Y    |       |
|                         | Confinement       | Y          | Y    |       |
| Water                   | Equipment         | Y          | Y    |       |
|                         | Temperature       | Y          | Y    |       |
|                         | pH                | Y          | Y    |       |
|                         | Conductivity      | Y          | Y    |       |
|                         | Turbidity         | Y          | Y    |       |
| Features                | NID map #, NID    | Y          | Y    |       |
|                         | Type              | Y          | Y    |       |
|                         | Height, length    | Y          | Y    |       |
|                         | Photo             | Y          | Y    |       |
| Habitat<br>quality      | Keywords          | Y          | Y    |       |
|                         | Relevant comments | Y          | Y    |       |
|                         | FSZ               | Y          | Y    |       |
| Photodocu-<br>mentation | Roll #            | Y          | Y    |       |
|                         | Photo #           | Y          | Y    |       |
|                         | Focal length      | Y          | Y    |       |
|                         | Direction         | Y          | Y    |       |
|                         | NID #, NID map #  | Y          | Y    |       |
|                         | UTM and method    | Y          | Y    |       |
| Wildlife                | Group             | Y          | Y    |       |
|                         | Relevant comment  | Y          | Y    |       |

Notes:

Field Audit Confirmation:

Field audit leader: Chris Schell For field crew: ALL



# FISH INVENTORY QUALITY ASSURANCE CHECK FORM

Project name: Skeena Cellulose Inc., 1:20k Aquatic Inventory – 2000  
 FRBC project number: \_\_\_\_\_ MELP project number: \_\_\_\_\_  
 Contractor: Triton Environmental Consulting Ltd.  
 Field audit by: Chris Schell Site identifier: na Field audit date: September, 2000

**FORM 2D**

## FIELD AUDIT: FISH COLLECTION CHECK – PAGE 1 OF 3

| Materials present in field                                     | Y | N | Notes |
|----------------------------------------------------------------|---|---|-------|
| Fish collection forms                                          | Y |   |       |
| Individual fish data forms                                     | Y |   |       |
| Field data reference                                           | Y |   |       |
| Field key to freshwater fishes of BC                           | Y |   |       |
| Approved electroshocker                                        | Y |   |       |
| Ancillary fish capture equipment (buckets, dip nets, stop net) | Y |   |       |
| Measuring board/ruler                                          | Y |   |       |
| Weigh scale                                                    | Y |   |       |
| Fish samples (e.g., scale envelopes, tissue vials)             | Y |   |       |
| Voucher containers, preservative, labels                       | Y |   |       |

| Sampling technique        |                                         | Acceptable |   | Notes |
|---------------------------|-----------------------------------------|------------|---|-------|
|                           |                                         | Y          | N |       |
| Lakes                     | Number and duration of gill nets set    | na         |   |       |
|                           | Number and duration of minnow traps set | na         |   |       |
|                           | Other                                   | na         |   |       |
| Streams                   | Site selection and length               | Y          |   |       |
|                           | Number and duration of minnow traps set | Y          |   |       |
|                           | Other                                   |            |   |       |
| Electrofishing function   | Tilt/safety switch                      | Y          |   |       |
|                           | Main power switch                       | Y          |   |       |
|                           | Anode deadman's switch                  | Y          |   |       |
|                           | Quick release harness                   | Y          |   |       |
|                           | Anode clean                             | Y          |   |       |
| Electrofishing techniques | Safe operation and signals              | Y          |   |       |
|                           | Site coverage all habitats              | Y          |   |       |
|                           | Effective fish capture                  | Y          |   |       |
|                           | Impact on fish                          | Y          |   |       |
| Fish handling             | Impacts on fish                         | Y          |   |       |

Notes:

Notes:

Field Audit Confirmation:

Field audit leader: Chris Schell For field crew: All

| Sampling technique  |                             | Acceptable |   | Notes |
|---------------------|-----------------------------|------------|---|-------|
|                     |                             | Y          | N |       |
| Fish identification | Correct identification      | Y          |   |       |
|                     | Correct use of fish key     | Y          |   |       |
|                     | Unidentified fish procedure | Y          |   |       |
| Fish samples        | Age sampling, labeling      | na         |   |       |
|                     | Voucher storage, labeling   | na         |   |       |

| Group       | Item                   | Acceptable |      | Notes |
|-------------|------------------------|------------|------|-------|
|             |                        | Tech.      | Data |       |
| Header      | Name                   | Y          | Y    |       |
|             | Stream/Lake/Wetland    | Y          | Y    |       |
|             | Watershed code or ILP  | Y          | Y    |       |
|             | Waterbody ID           | Y          | Y    |       |
|             | ILP map #              | Y          | Y    |       |
|             | Project ID             | Y          | Y    |       |
|             | Reach #                | Y          | Y    |       |
|             | MELP fish permit #     | Y          | Y    |       |
|             | Date start, end        | Y          | Y    |       |
|             | Agency, crew           | Y          | Y    |       |
|             | Resample               | Y          | Y    |       |
| Site/Method | Site #                 | Y          | Y    |       |
|             | NID map #, NID #       | Y          | Y    |       |
|             | Site UTM               | Y          | Y    |       |
|             | Method, method no.     | Y          | Y    |       |
|             | Temp, cond., turbidity | Y          | Y    |       |

Notes:

| Group                        | Item                     | Acceptable |      | Notes |
|------------------------------|--------------------------|------------|------|-------|
|                              |                          | Tech.      | Data |       |
| Fish summary                 | Site #                   | Y          | Y    |       |
|                              | Method, method no.       | Y          | Y    |       |
|                              | Haul/Pass (H/P)          | Y          | Y    |       |
|                              | Species, stage, total #  | Y          | Y    |       |
|                              | Min. length              | Y          | Y    |       |
|                              | Fish activity            | Y          | Y    |       |
| Gear specifications          | Site #                   | Y          | Y    |       |
|                              | Method, method no.       | Y          | Y    |       |
|                              | Haul                     | Y          | Y    |       |
|                              | Date, time in            | Y          | Y    |       |
|                              | Date, time out           | Y          | Y    |       |
|                              | Net type, length & depth | Y          | Y    |       |
|                              | Mesh size                | Y          | Y    |       |
| Electrofisher specifications | Set, habitat             | Y          | Y    |       |
|                              | Site #                   | Y          | Y    |       |
|                              | Method, method no.       | Y          | Y    |       |
|                              | Pass                     | Y          | Y    |       |
|                              | Time in, time out        | Y          | Y    |       |
|                              | EF sec.                  | Y          | Y    |       |
|                              | Length, width            | Y          | Y    |       |
|                              | Enclosure                | Y          | Y    |       |
|                              | Voltage, freq., pulse    | Y          | Y    |       |
|                              | Make, model              | Y          | Y    |       |
| Individual fish data         | Fish collection form #   | Y          | Y    |       |
|                              | Site #                   | Y          | Y    |       |

Notes:

Field Audit Confirmation:

Field audit leader: Chris Schell For field crew: All



| Group                                | Item                   | Acceptable |      | Notes |
|--------------------------------------|------------------------|------------|------|-------|
|                                      |                        | Tech.      | Data |       |
| Individual<br>fish data<br>continued | Method, method no.     | Y          | Y    |       |
|                                      | Haul/Pass              | Y          | Y    |       |
|                                      | Species                | Y          | Y    |       |
|                                      | Length                 | Y          | Y    |       |
|                                      | Weight                 | na         | na   |       |
|                                      | Sex                    | na         | na   |       |
|                                      | Maturity               | na         | na   |       |
|                                      | Age structure          | na         | na   |       |
|                                      | Age sample #           | na         | na   |       |
|                                      | Age                    | na         | na   |       |
|                                      | Voucher                | na         | na   |       |
|                                      | Genetic structure      | na         | na   |       |
|                                      | Genetic sample #       | na         | na   |       |
|                                      | Photos                 | na         | na   |       |
|                                      | Number of fish sampled | na         | na   |       |

Notes:

Notes:

Field Audit Confirmation:

Field audit leader: Chris Schell For field crew: All

January 8, 2001

Todd Mahon, Wildfor Consultants  
FRBC Co-ordinator, Skeena Cellulose Ltd.  
Smithers, BC. V0J 2N0

Todd,

The stage 3 quality assurance (QA) review of the final deliverables for the 1:20k stream inventory sampling program performed by Triton Environmental Consulting Ltd. has been completed. Resources Inventory Committee standard QA forms were completed during the audit and are included with this letter. I also performed a stream classification QA, where I evaluated the resampling data supporting non-fish bearing stream recommendations. All forms list objectives that were met and comments pertaining to any problems that were identified during the QA evaluation.

Digital mapping files and printouts from the digital QA programs were missing from the deliverables. Once UTM's have been imported into FDIS, the FDIS and mapping QA programs must be run and the results printed up, marked-up with Triton's response to each error, then submitted to me for review. FISS maps and forms were to standards and the photodocumentation binder was complete though some negative number still need to be entered into FDIS. All negatives were entered into FDIS before QA submission, unfortunately FDIS does not accept alphanumeric numbering (FDIS programming error problem).

The card/FDIS/map check found almost no typological errors and no systematic problems. A check of the report found the results section is in a non-standard format. While much of the same information was present in different sections, some sections present in the RIC standards were missing from Triton's report (fish above 20% gradient). Of relevance to SCI was that the fish bearing status information was not all organized into the same section. While these are relatively minor complaints, I have discussed with Paul G. and we agreed that the point of the RIC standards is that anyone can open an RIC inventory report and know where to find certain information. Triton will be required to reorganize the report to the RIC format. There are some other report issues that are listed on the forms. Report has been rearranged to match Buba Creek with some cost plus/value added information (i.e. Stream Classification Table, Study Area Summary Table, Fish Capture Location Table...).

The maps for this project are a blend of the RIC project and interpretive map standards that Paul G. has approved. I reviewed the maps and found they contained all the information I find useful. The maps were generally to standards and complete. The interpretive colour coding mostly follows rules that Triton outlined in the report. I have marked up the maps where I feel



Triton should reconsider the coding, but these issues are a matter of judgement and not a strict QA concern.

I noted one re-occurring problem with Triton's non-fish bearing classifications. In many cases, sites on channels with wetted widths of 5 to 15m were sampled with electrofishing only. While this is acceptable for channels with wetted widths of a few meters, it not acceptable for larger channels. Small pole seines are useful in situations such as this and do not require revisiting the site. Pole seines are most effective in relatively small, shallow and slow moving systems with relatively few obstructions. Seining is also ineffective and difficult where water is > 1.5 m deep, stream velocities exceed about 0.8 m/s, banks are deeply undercut, and in areas with large amounts of small organic debris, tree root masses, and tree branches embedded in the stream substrate (FSIG pages 53-54). I also noted the electrofishing effort in these channels was minimal at best. One site I audited had a sample length less than 100m. Generally, effort (EF seconds) was far less than what I would have expected. For a channel with a wetted width over 10m I would expect ~1000 secs per 100m of channel.—Triton often did a 200-300m site with less than 500 secs of effort. If no fish are captured in the initial sample site, the biologist or field technician must make a professional judgement as to whether and how much further fish sampling should be conducted. Sampling is finished when the surveyor is confident that there is enough evidence to support the conclusion that no fish inhabit the reach (FSIG page 58). I have often captured my first Dolly Varden in a 10m wide alpine stream after 600 secs of EF effort. The effectiveness of electrofishing varies not only with environmental conditions and the species and size of fish, but also with the voltage, electric pulse frequency, and the experience of the electrofishing operator (FSIG page 55). Darren Fillier and Paul Giroux approved the NFBS for this project.

At Paul Giroux's request, the QA process will function somewhat differently this year. At this stage in the QA, I would ask Triton to review the forms, then communicate to me how they will address the concerns listed there. Once we have agreed how the issues are to be addressed, Triton can make the changes, submit the deliverables to me for a final QA check before I pass them on the Paul Giroux for a quick quality control check. The benefits of these changes are a more transparent QA process and a reduced wait for QC turnaround. If you have any questions regarding the information presented in this memo or in the QA forms please contact me by e-mail (schell@bulkley.net) or by telephone (250-847-0180).

Sincerely,

Chris Schell

cc. Jason Harris, Triton Environmental Consultants Ltd., Triton, BC

## FISH INVENTORY QUALITY ASSURANCE CHECK FORM

**Project name:** Skeena Cellulose Ltd. - 2000/2001 - Fish and Fish Habitat Inventory  
**FRBC project number:** 712318 **MELP project number:** SCI-C172-010-2001  
**Contractor:** Triton Environmental Consultants Ltd.  
**QA review by:** Chris Schell **Review date:** January, 2000

### FORM 3A

### DATA COMPILATION AND REPORTING DELIVERABLES FOR QA – PAGE 1 OF 1

|                                              | Deliverable                     | Hardcopy | Digital | Comments                                     |
|----------------------------------------------|---------------------------------|----------|---------|----------------------------------------------|
| Watershed Reporting                          | Watershed report                | Y        | Y       |                                              |
|                                              | Appendices                      |          |         |                                              |
|                                              | I. FDIS summary and photographs | Y        | Y       |                                              |
|                                              | II. Hardcopy maps               | Y        | N       | Digital mapping files missing on attached CD |
|                                              | Attachments                     |          |         |                                              |
|                                              | I. Pre-field planning document  | Y        | Y       |                                              |
|                                              | II. Field notes and forms       | Y        | NA      |                                              |
|                                              | III. Fish aging structures      | NA       | NA      |                                              |
|                                              | IV. Fish samples and vouchers   | NA       | NA      |                                              |
|                                              | V. Photodocumentation           | Y        | Y       |                                              |
|                                              | VI. Digital data                | Y        | N       | Mapping files on attached CD                 |
|                                              | VII. FISS update data           | Y        | NA      |                                              |
|                                              | VIII. Aerial photography        | NA       | NA      |                                              |
| Individual lake reporting<br>(for each lake) | Lake report                     |          |         | No lake reporting.                           |
|                                              | Appendices                      |          |         |                                              |
|                                              | I. Lake survey form             |          |         |                                              |
|                                              | II. Water chemistry data        |          |         |                                              |
|                                              | III. Fish collection forms      |          |         |                                              |
|                                              | IV. Tributary summary           |          |         |                                              |
|                                              | V. Photographs                  |          |         |                                              |
|                                              | VI. Bathymetric map             |          |         |                                              |
|                                              | Attachments                     |          |         |                                              |
|                                              | I. Photodocumentation           |          |         |                                              |
|                                              | II. Digital data                |          |         |                                              |
|                                              | III. FISS update data           |          |         |                                              |
|                                              | IV. Phase completion reports    |          |         |                                              |
|                                              | V. Field notes and forms        |          |         |                                              |
|                                              | VI. Aerial photography          |          |         |                                              |
|                                              | VII. Fish ageing structures     |          |         |                                              |
|                                              | VIII. Fish samples and vouchers |          |         |                                              |



## FISH INVENTORY QUALITY ASSURANCE CHECK FORM

**Project name:** Skeena Cellulose Ltd. - 2000-2001 - Fish and Fish Habitat Inventory  
**FRBC project number:** 712318 **MELP project number:** SCI-C172-010-2001  
**Contractor:** Triton Environmental Consultants Ltd.  
**QA review by:** Chris Schell **Review date:** January, 2000

### FORM 3B DIGITAL DATA CHECKING – PAGE 1 OF 1

**For each FDIS file provided:**

**FDIS filename:**

|                           | Acceptable |    | Comments                                                                          |
|---------------------------|------------|----|-----------------------------------------------------------------------------------|
|                           | Y          | N  |                                                                                   |
| Conversions done:         |            |    |                                                                                   |
| • ILP to WSC              |            | X  | Not expected at this time.                                                        |
| • NID-UTM                 |            | X  | Required before final QA approval <u>Nids</u> have been imported.                 |
| • Update bathymetry       |            | na |                                                                                   |
| FDIS QA report attached   |            |    |                                                                                   |
| • Acceptable error report |            | X  | Required before final QA approval <u>All</u> relevant errors have been corrected. |

**For each FDIS file and digital map file set:**

**ARCView fish QA tool**

|                                                    | Filename | Acceptable |   | Comments                                               |
|----------------------------------------------------|----------|------------|---|--------------------------------------------------------|
|                                                    |          | Y          | N |                                                        |
| Digital map files                                  |          |            |   |                                                        |
| • Metadata table                                   |          |            | X | Missing <u>see attached CD</u>                         |
| • Map attributes table                             |          |            | X | Missing <u>see attached CD</u>                         |
| FDIS data check                                    |          |            |   | Missing <u>all relevant errors have been corrected</u> |
| • Sequential reach numbering:                      |          |            |   |                                                        |
| • Point locations on TRIM streams:                 |          |            |   |                                                        |
| Copy of ARCView fish QA tool error report attached |          |            |   | Missing <u>see attached CD</u>                         |
| • Acceptable error report                          |          |            |   |                                                        |

**Note:** The map attributes table, introduced in 1999, replaces the point table and the attribute table from 1998 standards.

The FDIS and digital mapping files should be subjected to the digital QA tools (including proximity test on the mapping files). Print up the results of the tests and address all outstanding issues as required.



## FISH INVENTORY QUALITY ASSURANCE CHECK FORM

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**FRBC project number:** 712318 **MELP project number:** SCI-C172-010-2001  
**Contractor:** Triton Environmental Consultants Ltd.  
**QA review by:** Chris Schell **Review date:** January, 2000

**FORM 3C**

### CONSISTENCY CHECK: STREAM CARDS, FDIS, PROJECT, INTERPRETIVE MAPS – PAGE 1 OF 4

|           | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8        | 9        | 10       |
|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Site #    | 5        | 8        | 13       | 17       | 21       | 127      | 135      | 156      | 603      | 608      |
| NID map # | 103P.010 | 103I.099 | 1039.009 | 103P.020 | 103P.020 | 103P.098 | 103I.098 | 103P.009 | 103I.088 | 103I.098 |
| NID #     | 60502    | 61058    | 60513    | 61409    | 61332    | 61231    | 61270    | 60542    | 60003    | 60008    |

Record errors below with an 'x.' An error occurs if there is any inconsistency among: 1) field site cards, 2) FDIS, 3) project maps and 4) interpretive maps, as specified for each attribute.

| Card section | Attribute                                | Where to check | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Error locations |
|--------------|------------------------------------------|----------------|---|---|---|---|---|---|---|---|---|----|-----------------|
| Header       | Stream name                              | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|              | Watershed code or ILP map # and ILP #    | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|              | NID map # and NID #                      | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Reach #                                  | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|              | Site #                                   | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|              | Site length                              | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Access                                   | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Survey date                              | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|              | Agency conducting survey                 | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|              | Time of survey                           | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Crew conducting survey                   | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Fish form completed                      | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
| Channel      | Channel width                            | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|              | Wetted width                             | 1, 2           |   |   |   |   |   |   |   |   | X |    |                 |
|              | Residual pool depth                      | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Gradient                                 | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|              | Bankfull depth                           | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Stage                                    | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | No Vis. Ch., DW, and Dry/Int.            | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|              | Tribs                                    | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
| Cover        | Total cover                              | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Cover elements                           | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Functional LWD (amount, distribution)    | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Crown closure                            | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Instream vegetation                      | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Bank shape, texture, riparian vegetation | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |

| Card section          | Attribute                     | Where to check | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Error locations |
|-----------------------|-------------------------------|----------------|---|---|---|---|---|---|---|---|---|----|-----------------|
| Water                 | EMS #                         | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|                       | Temperature, pH               | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                       | Water chemistry requisition # | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                       | Conductivity, turbidity       | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
| Channel - morpho-logy | Flood signs                   | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                       | Bed material                  | 1, 2, 3        |   |   |   |   |   |   |   |   |   |    |                 |
|                       | D95, D                        | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                       | Morphology                    | 1, 2, 3        |   |   |   |   |   |   |   |   |   |    |                 |
|                       | Disturbance indicators        | 1, 2, 3        |   |   |   |   |   |   |   |   |   |    |                 |
|                       | Pattern                       | 1, 2, 3        |   |   |   |   |   |   |   |   |   |    |                 |
|                       | Islands, bars, coupling       | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                       | Confinement                   | 1, 2, 3        |   |   |   |   |   |   |   |   |   |    |                 |
| Features              | NID map # and NID #           | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                       | Type, height/length           | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|                       | Photo, comments               | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|                       | UTM                           | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
| Habitat quality       | General comments              | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                       | Fisheries sensitive zones     | 1, 2           |   | ? |   |   |   |   |   |   |   |    |                 |
| Photo-documentation   | Roll #                        | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                       | Frame #                       | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                       | Focal length                  | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                       | Direction                     | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                       | Comments                      | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
| Wildlife              | Group                         | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                       | Observations                  | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
| Comments              | General comments              | 1, 2           |   | X |   |   |   |   |   |   |   |    |                 |
| <b>Total errors:</b>  |                               |                | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0  |                 |

**Comments:**

- 1) Have you considered if this could qualify as a wetland or small lake? Yes
- 2) You forgot in FDIS to record that spawning habitat was fair. Not really
- 9) Typo in last two measurements. Not really



## FISH INVENTORY QUALITY ASSURANCE CHECK FORM

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**FRBC project number:** 712318 **MELP project number:** SCI-C172-010-2001  
**Contractor:** Triton Environmental Consultants Ltd.  
**QA review by:** Chris Schell **Review date:** January, 2000

### FORM 3C

### CONSISTENCY CHECK: STREAM CARDS, FDIS, PROJECT, INTERPRETIVE MAPS – PAGE 3 OF 4

|           | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8        | 9        | 10       |
|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Site #    | 614      | 623      | 628      | 640      | 646      | 650      | 702      | 707      | 720      | 723      |
| NID map # | 103P.008 | 103P.019 | 103P.009 | 103P.030 | 103P.009 | 103P.009 | 103P.020 | 103P.030 | 103P.030 | 103P.030 |
| NID #     | 60014    | 60023    | 60028    | 60040    | 60046    | 60050    | 70502    | 70507    | 65001    | 65004    |

**Record errors below with an 'x.'** An error occurs if there is any inconsistency among: 1) field site cards, 2) FDIS, 3) project maps and 4) interpretive maps, as specified for each attribute.

| Card section | Attribute                                | Where to check | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Error locations |
|--------------|------------------------------------------|----------------|---|---|---|---|---|---|---|---|---|----|-----------------|
| Header       | Stream name                              | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|              | Watershed code or ILP map # and ILP #    | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|              | NID map # and NID #                      | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Reach #                                  | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|              | Site #                                   | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|              | Site length                              | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Access                                   | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Survey date                              | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|              | Agency conducting survey                 | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|              | Time of survey                           | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Crew conducting survey                   | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Fish form completed                      | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
| Channel      | Channel width                            | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|              | Wetted width                             | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Residual pool depth                      | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Gradient                                 | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|              | Bankfull depth                           | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Stage                                    | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | No Vis. Ch., DW, and Dry/Int.            | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|              | Tribes                                   | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
| Cover        | Total cover                              | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Cover elements                           | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Functional LWD (amount, distribution)    | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Crown closure                            | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Instream vegetation                      | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Bank shape, texture, riparian vegetation | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |

| Card section         | Attribute                     | Where to check | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Error locations |
|----------------------|-------------------------------|----------------|---|---|---|---|---|---|---|---|---|----|-----------------|
| Water                | EMS =                         | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Temperature, pH               | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Water chemistry requisition = | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Conductivity, turbidity       | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
| Channel - morphology | Flood signs                   | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Bed material                  | 1, 2, 3        |   |   |   |   |   |   |   |   |   |    |                 |
|                      | D95, D                        | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Morphology                    | 1, 2, 3        |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Disturbance indicators        | 1, 2, 3        |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Pattern                       | 1, 2, 3        |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Islands, bars, coupling       | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Confinement                   | 1, 2, 3        |   |   |   |   |   |   |   |   |   |    |                 |
| Features             | NID map # and NID #           | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Type, height/length           | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Photo, comments               | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|                      | UTM                           | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
| Habitat quality      | General comments              | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Fisheries sensitive zones     | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
| Photo-documentation  | Roll #                        | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Frame #                       | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Focal length                  | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Direction                     | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Comments                      | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
| Wildlife             | Group                         | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Observations                  | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
| Comments             | General comments              | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
| Total errors:        |                               |                | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0  |                 |

**Summary of stream site information check:**Number of marks (# cards \* 52): 1040Maximum number of errors acceptable (5%): 52Number of errors found: 2

Is the number of errors acceptable: Yes

**Comments:**

Nicely done.



## FISH INVENTORY QUALITY ASSURANCE CHECK FORM

Project name: Skeena Cellulose Ltd. - 2000 2001 - Fish and Fish Habitat Inventory  
 FRBC project number: 712318 MELP project number: SCI-C172-010-2001  
 Contractor: Triton Environmental Consultants Ltd.  
 QA review by: Chris Schell Review date: January, 2000

### FORM 3E

### CONSISTENCY CHECK: FISH COLLECTION FORM, FDIS, PROJECT MAP, INTERPRETIVE MAP, LAKE OUTLINE MAP – PAGE 1 OF 4

|           | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8        | 9        | 10       |
|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Site =    | 5        | 8        | 13       | 17       | 21       | 127      | 135      | 156      | 603      | 608      |
| NID map = | 103P.010 | 103I.099 | 1039.009 | 103P.020 | 103P.020 | 103P.098 | 103I.098 | 103P.009 | 103I.088 | 103I.098 |
| NID =     | 60502    | 61058    | 60513    | 61409    | 61332    | 61231    | 61270    | 60542    | 60003    | 60008    |

Record errors below with an 'x'. An error occurs if there is inconsistency among 1) fish collection forms, 2) FDIS, 3) project maps, and 4) interpretive maps, and/or 5) lake outline maps, as specified for each attribute.

| Group        | Item                  | Where to check | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Error locations |
|--------------|-----------------------|----------------|---|---|---|---|---|---|---|---|---|----|-----------------|
| Header       | Name                  | 1, 2, 3, 4, 5  |   |   |   |   |   |   |   |   |   |    |                 |
|              | Stream/Lake/Wetland   | 1, 2, 3        |   |   |   |   |   |   |   |   |   |    |                 |
|              | Watershed code or ILP | 1, 2, 3, 4, 5  |   |   |   |   |   |   |   |   |   |    |                 |
|              | Waterbody ID          | 1, 2, 5        |   |   |   |   |   |   |   |   |   |    |                 |
|              | ILP map =             | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Reach =               | 1, 2, 3, 4, 5  |   |   |   |   |   |   |   |   |   |    |                 |
|              | MELP fish permit #    | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Date start, end       | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Agency, crew          | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Resample              | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
| Site/Method  | Site =                | 1, 2, 3, 4, 5  |   |   |   |   |   |   |   |   |   |    |                 |
|              | NID map #, NID #      | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Site UTM              | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Method, method no.    | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Temp, turbidity       | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Conductivity          | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
| Fish summary | Method, method no.    | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Haul/Pass (H/P)       | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Species               | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|              | Stage, total #        | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Min. length           | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Fish activity         | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |

| Group                        | Item                  | Where to check | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Error locations |
|------------------------------|-----------------------|----------------|---|---|---|---|---|---|---|---|---|----|-----------------|
| Gear specifications          | Method, method no.    | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                              | Haul                  | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                              | Date, time in/out     | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                              | Net type, lgth. dpth  | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                              | Mesh size             | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                              | Set, habitat          | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
| Electrofisher specifications | Method, method no.    | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                              | Pass                  | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                              | Time in, time out     | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                              | EF sec.               | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                              | Length, width         | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                              | Enclosure             | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                              | Voltage, freq., pulse | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                              | Make, model           | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
| Total:                       |                       |                | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0  |                 |

Comments:



## FISH INVENTORY QUALITY ASSURANCE CHECK FORM

Project name: Skeena Cellulose Ltd. - 2000/2001 - Fish and Fish Habitat Inventory  
 FRBC project number: 712318 MELP project number: SC1-C172-010-2001  
 Contractor: Triton Environmental Consultants Ltd.  
 QA review by: Chris Schell Review date: January, 2000

### FORM 3E

### CONSISTENCY CHECK: FISH COLLECTION FORM, FDIS, PROJECT MAP, INTERPRETIVE MAP, LAKE OUTLINE MAP – PAGE 3 OF 4

|           | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8        | 9        | 10       |
|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Site #    | 614      | 623      | 628      | 640      | 646      | 650      | 702      | 707      | 720      | 723      |
| NID map # | 103P.008 | 103P.019 | 103P.009 | 103P.030 | 103P.009 | 103P.009 | 103P.020 | 103P.030 | 103P.030 | 103P.030 |
| NID #     | 60014    | 60023    | 60028    | 60040    | 60046    | 60050    | 70502    | 70507    | 65001    | 65004    |

**Record errors below with an 'x'.** An error occurs if there is inconsistency among 1) fish collection forms, 2) FDIS, 3) project maps, and 4) interpretive maps, and/or 5) lake outline maps, as specified for each attribute.

| Group        | Item                  | Where to check | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Error locations |
|--------------|-----------------------|----------------|---|---|---|---|---|---|---|---|---|----|-----------------|
| Header       | Name                  | 1, 2, 3, 4, 5  |   |   |   |   |   |   |   |   |   |    |                 |
|              | Stream/Lake/Wetland   | 1, 2, 3        |   |   |   |   |   |   |   |   |   |    |                 |
|              | Watershed code or ILP | 1, 2, 3, 4, 5  |   |   |   |   |   |   |   |   |   |    |                 |
|              | Waterbody ID          | 1, 2, 5        |   |   |   |   |   |   |   |   |   |    |                 |
|              | ILP map #             | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Reach #               | 1, 2, 3, 4, 5  |   |   |   |   |   |   |   |   |   |    |                 |
|              | MELP fish permit #    | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Date start, end       | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Agency, crew          | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Resample              | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
| Site/Method  | Site #                | 1, 2, 3, 4, 5  |   |   |   |   |   |   |   |   |   |    |                 |
|              | NID map #, NID #      | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Site UTM              | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Method, method no.    | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Temp, turbidity       | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Conductivity          | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
| Fish summary | Method, method no.    | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Haul/Pass (H/P)       | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Species               | 1, 2, 3, 4     |   |   |   |   |   |   |   |   |   |    |                 |
|              | Stage, total #        | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Min. length           | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|              | Fish activity         | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |

| Group                        | Item                  | Where to check | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Error locations |
|------------------------------|-----------------------|----------------|---|---|---|---|---|---|---|---|---|----|-----------------|
| Gear specifications          | Method, method no.    | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                              | Haul                  | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                              | Date, time in/out     | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                              | Net type, lgth, dpth  | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                              | Mesh size             | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                              | Set, habitat          | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
| Electrofisher specifications | Method, method no.    | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                              | Pass                  | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                              | Time in, time out     | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                              | EF sec.               | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                              | Length, width         | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                              | Enclosure             | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                              | Voltage, freq., pulse | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                              | Make, model           | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
| Total:                       |                       |                | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0  |                 |

Number of marks (# cards \* 36): 720Number of errors found: 0Maximum number of errors acceptable (5%): 36

Is the number of errors acceptable: Yes

**Comments:**

Very nice.



## FISH INVENTORY QUALITY ASSURANCE CHECK FORM

Project name: Skeena Cellulose Ltd. - 2000-2001 - Fish and Fish Habitat Inventory  
 FRBC project number: 712318 MELP project number: SCI-C172-010-2001  
 Contractor: Triton Environmental Consultants Ltd.  
 QA review by: Chris Schell Review date: January, 2000

### FORM 3F

### CONSISTENCY CHECK: INDIVIDUAL FISH DATA CARD, FDIS – PAGE 1 OF 1

|           | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8        | 9        | 10       |
|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Site =    | 5        | 8        | 13       | 17       | 21       | 623      | 640      | 646      | 650      | 701      |
| NID map = | 103P.010 | 1031.099 | 1039.009 | 103P.020 | 103P.020 | 103P.019 | 103P.030 | 103P.009 | 103P.009 | 103P.020 |
| NID =     | 60502    | 61058    | 60513    | 61409    | 61332    | 60023    | 60040    | 60046    | 60050    | 70501    |

**Record errors below with an 'x'.** An error occurs if there is inconsistency among 1) individual fish data cards and 2) FDIS, as specified for each attribute.

| Group                | Item               | Where to check |   |   |   |   |   |   |   |   |   |    | Error locations |
|----------------------|--------------------|----------------|---|---|---|---|---|---|---|---|---|----|-----------------|
|                      |                    |                | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                 |
| Individual fish data | Site #             | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Method, method no. | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Haul/Pass          | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Species            | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Length             | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Weight             | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Sex                | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Maturity           | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Age structure      | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Age sample #       | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Age                | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Voucher            | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Genetic structure  | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Genetic sample #   | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |
|                      | Photos             | 1, 2           |   |   |   |   |   |   |   |   |   |    |                 |

Number of marks (# cards \* 15): 105  
 Number of errors found: 0

Maximum number of errors acceptable (5%): 5  
 Is the number of errors acceptable: ☒ Y ☐ N

#### Comments:

Very nice.

## FISH INVENTORY QUALITY ASSURANCE CHECK FORM

**Project name:** Skeena Cellulose Ltd. - 2000/2001 - Fish and Fish Habitat Inventory  
**FRBC project number:** 712318 **MELP project number:** SCI-C172-010-2001  
**Contractor:** Triton Environmental Consultants Ltd.  
**QA review by:** Chris Schell **Review date:** January, 2000

### FORM 3K WATERSHED REPORT – PAGE 1 OF 4

| Report section        | Attribute                       | Accept.<br>(✓/x) | Notes   |
|-----------------------|---------------------------------|------------------|---------|
| Title page            | Proper title                    | ✓                |         |
|                       | Watershed code below title      | ✓                |         |
|                       | Prepared for...                 | ✓                |         |
|                       | Prepared by...                  | ✓                |         |
|                       | Signature of R.P.Bio            | X                | Missing |
| Reference information | Project reference information   | ✓                |         |
|                       | Watershed information           | ✓                |         |
|                       | Sampling design summary         | ✓                |         |
|                       | Contractor information          | ✓                |         |
| Disclaimer            | Standard wording disclaimer     | ✓                |         |
| Acknowledgements      |                                 | ✓                |         |
| Table of contents     | Page numbering correct          | ✓                |         |
|                       | Report outline follows standard | X                | 1       |
| Lists                 | List of Tables                  | ✓                |         |
|                       | List of Figures                 | ✓                |         |
|                       | List of Attachments             | ✓                |         |
|                       | List of Appendices              | ✓                |         |

| Report section              | Attribute                           | Accept.<br>(✓/x) | Notes   |
|-----------------------------|-------------------------------------|------------------|---------|
| <b>Introduction</b>         |                                     |                  |         |
| Project scope, objectives   | 1:20 000, 1:5000, lakes, etc.       | ✓                |         |
| Location                    | Description                         | ✓                |         |
| Overview map                | 8.5 × 11" or 11 × 17"               | ✓                |         |
|                             | Outline of study area               | ✓                |         |
|                             | Inset map showing relation to BC    | ✓                |         |
|                             | Sample site locations               | ✓                |         |
|                             | 1:20 000 map grid                   | ✓                |         |
|                             | Major communities                   | NA               |         |
|                             | TRIM/FC aquatic features            | NA               |         |
| Access                      | Description                         | ✓                |         |
| <b>Resource Information</b> | First Nations                       | ✓                |         |
|                             | Land use, logging, recreation, etc. | ✓                |         |
|                             | Impacts and uses by wildlife        | ✓                |         |
|                             | Existing water quality data         | ✓                | Results |
|                             | Previous fish presence              | ✓                | Results |
| <b>Methods</b>              | Reference to RECCE standards        | ✓                |         |
|                             | Reference to project plan           | ✓                |         |
|                             | Deviations from RIC standards       | ✓                |         |
|                             | Deviations from project plan        | ✓                |         |
|                             | List of sampling equipment used     | ✓                |         |

#### Notes:

1) The report will not pass QA until it is reorganized to RIC standards. changed

#### Notes:



| Report section                | Attribute                     | Accept.<br>(✓/x) | Notes |
|-------------------------------|-------------------------------|------------------|-------|
| <b>Results and Discussion</b> |                               |                  |       |
| Logistics                     | Problems encountered          | ✓                |       |
|                               | Weather                       | ✓                |       |
|                               | Access                        | ✓                |       |
|                               | Water levels                  | ✓                |       |
|                               | How was it addressed          | ✓                |       |
|                               | How did it impact the results | ✓                |       |

**Stream Report Format**

| Report section                                  | Attribute                                                       | Accept.<br>(✓/x) | Notes |
|-------------------------------------------------|-----------------------------------------------------------------|------------------|-------|
| Summary of sub-basin<br>biophysical information | Table defining each sub-drainage                                | ✓                |       |
|                                                 | Sub-drainages not sampled but included in the planning document | ✓                |       |
|                                                 | Previous sampling reference                                     | ✓                |       |
|                                                 |                                                                 |                  |       |
| Habitat and fish<br>distribution                | Characteristics of fish habitats                                | ✓                |       |
|                                                 | Pattern of fish distribution                                    | ✓                |       |
|                                                 | Location of significant fish pop.s                              | ✓                |       |
|                                                 | Lakes treated as a reach of the stream                          | ✓                |       |
|                                                 | Upstream limits of fish presence                                | X                | 1     |
|                                                 | Obstructions influencing fish                                   | X                | 1     |
|                                                 | Table of all barriers present                                   | ✓                |       |

**Notes:**

1) All FDIS features are listed but not all have a comment that explains their affect on fish distribution. Changed in report

**Stream Report Format – cont.**

| Report section                                     | Attribute                                  | Accept.<br>(✓/x) | Notes   |
|----------------------------------------------------|--------------------------------------------|------------------|---------|
| Fish age, size and<br>life history                 | Summary of life stages, life history, etc. | ✓                |         |
|                                                    | Length-frequency histograms                | ✓                |         |
|                                                    | Histograms have the same x-axis            | ✓                | 4       |
|                                                    | Table: Summary of length-at-age.           | NA               |         |
|                                                    | Data presented by species                  | ✓                |         |
|                                                    | Data presented by sub-drainage             | ?                | 2       |
|                                                    | Age classes appear correct                 | NA               |         |
|                                                    |                                            |                  |         |
| Significant features and<br>fisheries observations | Fish and fish habitat                      |                  |         |
|                                                    | Critical habitats                          | ✓                |         |
|                                                    | Special populations                        | ✓                |         |
|                                                    | Wild stocks                                | NA               |         |
|                                                    | Rare stocks or species                     | ✓                |         |
|                                                    | High value sport fishing                   | X                | Missing |
|                                                    | NO management recommend.                   | ✓                |         |
|                                                    | Habitat protection concerns                |                  |         |
|                                                    | Fisheries sensitive zones                  | ✓                |         |
|                                                    | Fish above 20% gradients                   | X                | Missing |
|                                                    | Restoration opportunities                  | ✓                |         |
|                                                    | Problem culverts                           | ✓                |         |
|                                                    | Unstable slopes                            | X                | 3       |
|                                                    |                                            |                  |         |
|                                                    |                                            |                  |         |
| Fish bearing status                                | Brief narrative section                    | ✓                |         |
|                                                    | Table: Summary of fish bearing reaches...  | ✓                |         |

**Notes:**

2) Could be done for DV Optional  
 3) I remember a few unstable slopes on the cards that perhaps should be mentioned?  
 4) only if there are multiple histograms **for the same species** do they need the same X-axis. You should redo the histograms for CO, CH and CI so they are more useful.

## Stream Report Format – cont.

| Report section                 | Attribute                                  | Accept.<br>(✓/x) | Notes |
|--------------------------------|--------------------------------------------|------------------|-------|
| Fish bearing status<br>(cont.) | Table: Summary of non-fish bearing reaches | X                | 1     |
|                                | Table: Follow-up sampling required         | ✓                |       |
| References                     | All sources in report listed               | ✓                |       |
|                                | According to CBE style manual              | ✓                |       |

## Stream Report Appendices

| Report section                                 | Attribute                     | Accept.<br>(✓/x) | Notes |
|------------------------------------------------|-------------------------------|------------------|-------|
| Appendix I.<br>FDIS summary and<br>photographs | In ascending order by WSC     | -                |       |
|                                                | Grouped by site               | ✓                |       |
|                                                | FDIS reach card printouts     | ✓                |       |
|                                                | FDIS site card printouts      | ✓                |       |
|                                                | Fish data collection form     | ✓                |       |
|                                                | Photos (min. 1, max. 4)       | ✓                |       |
|                                                | All photos entered in FDIS    | ✓                |       |
|                                                | Explanatory photo captions    | ✓                |       |
|                                                | Photos in colour (final only) | -                |       |
| Appendix II.<br>Hardcopy maps -<br>General     | "E" size plots                | ✓                |       |
|                                                | Folded in pocket in report    | NA               |       |
|                                                | UTM projection                | ✓                |       |
|                                                | 1:20 000 map grid             | ✓                |       |
|                                                | 1:20 000 scale                | ✓                |       |
|                                                | Complete title box            | ✓                |       |
|                                                | Complete legend box           | ✓                |       |
|                                                | Source information box        | ✓                |       |

## Stream Report Appendices – cont.

| Report section                                     | Attribute                                                                        | Accept.<br>(✓/x) | Notes         |
|----------------------------------------------------|----------------------------------------------------------------------------------|------------------|---------------|
| Appendix II.<br>Hardcopy maps -<br>General (cont.) | Inset map box                                                                    | ✓                |               |
|                                                    | Fish species box                                                                 | ✓                |               |
|                                                    | 100 m contour lines                                                              | ✓                |               |
|                                                    | WSCs or ILPs for all sampled streams                                             | ✓                |               |
|                                                    | WSCs or ILPs for all 3 <sup>rd</sup> order or higher streams                     | ✓                |               |
|                                                    | WSCs or ILPs for every other 1 <sup>st</sup> and 2 <sup>nd</sup> order stream    | ✓                |               |
|                                                    | WBIDs for all lakes                                                              | ✓                |               |
|                                                    | Sample site locations                                                            | ✓                |               |
| Project map                                        | All site data symbols attached to sites                                          | NA               |               |
|                                                    | Lake summary symbols                                                             | NA               |               |
|                                                    | Reach data symbols on all reaches <30% gradient and all reaches containing sites | NA               | Gradient only |
|                                                    | Features, obstructions, etc.                                                     | ✓                |               |
|                                                    | Reach breaks and numbers                                                         | ✓                |               |
|                                                    |                                                                                  |                  |               |
| Interpretive map                                   | Reach summary symbols for all reaches in the project area                        | NA               | Gradient only |
|                                                    | Features, obstructions                                                           | ✓                |               |
|                                                    | Fish distribution limits                                                         | ✓                |               |
|                                                    | Stream class                                                                     | ✓                |               |

## Notes:

1) The title block could use a few extra labels to make it easier to understand (see report). Dates need to be complete. OK

## Notes:



## Stream Report Attachments

| Report section                                   | Attribute                    | Accept.<br>(✓/x) | Notes |
|--------------------------------------------------|------------------------------|------------------|-------|
| <b>Attachment I.</b><br>Planning document        | Budget breakdown by phase    | ✓                |       |
|                                                  | Project sampling design      | ✓                |       |
|                                                  | Process of site selection    | ✓                |       |
|                                                  | Reach table                  | ✓                |       |
|                                                  | Lake table                   | ✓                |       |
|                                                  | Random sample table          | ✓                |       |
|                                                  | References, contacts list    | ✓                |       |
| <b>Attachment II.</b><br>Field notes             | Field book or facsimile      | ✓                |       |
|                                                  | Site cards                   | ✓                |       |
|                                                  | Fish collection forms        | ✓                |       |
|                                                  | Individual fish data forms   | ✓                |       |
|                                                  | Field working maps           | ✓                |       |
| <b>Attachment III.</b><br>Fish ageing structures | Actual ageing structures     | NA               |       |
|                                                  | Labelled photocopies         | NA               |       |
|                                                  | Annuli identified with red   | NA               |       |
|                                                  | Age data are correct         | NA               |       |
| <b>Attachment IV.</b><br>Voucher, DNA samples    | Table: Vouchers collected    | NA               |       |
|                                                  | Table: DNA collected         | NA               |       |
| <b>Attachment V.</b><br>Photodocumentation       | Table: Photo summary report  | ✓                |       |
|                                                  | Colour thumbnail reference   | ✓                |       |
|                                                  | Photo CD                     | ✓                |       |
|                                                  | CD Image #s match digital    | ✓                |       |
|                                                  | Negatives in plastic sleeves | ✓                |       |
|                                                  | Negatives labelled           | ✓                |       |

## Notes:

1) Negative # information is missing for Rolls 2, 4, 5, 7, 8 and part of roll 6. Fixed

| Report section                                        | Attribute                                       | Accept.<br>(✓/x) | Notes   |
|-------------------------------------------------------|-------------------------------------------------|------------------|---------|
| <b>Attachment V.</b><br>Photodocumentation<br>(cont.) | Negative #s match digital                       | X                | 1       |
|                                                       | Prints in plastic sleeves                       | ✓                |         |
|                                                       | Prints labelled                                 | ✓                |         |
| <b>Attachment VI.</b><br>Digital data                 | Budget breakdown by phase                       | ✓                |         |
|                                                       | Project sampling design                         | ✓                |         |
|                                                       | References, contacts list                       | ✓                |         |
|                                                       | Table of vouchers collected                     | NA               |         |
|                                                       | Table of DNA collected                          | NA               |         |
|                                                       | Photo summary report                            | ✓                |         |
|                                                       | Report tables, figures                          | ✓                |         |
|                                                       | Report text                                     | ✓                |         |
|                                                       | FDISDAT.MDB                                     | ✓                |         |
|                                                       | Mapping files (plot files)                      | X                | Missing |
|                                                       | Mapping files (metadata and map features files) | X                | Missing |
| <b>Attachment VII.</b><br>FISS update data            | FISS data forms and maps                        | ✓                |         |
|                                                       | Copies of reference material                    | ✓                |         |
|                                                       | Data on forms match FDIS                        | ✓                |         |
| <b>Attachment VIII.</b><br>Aerial photography         | Purchased aerial photos                         | NA               |         |
|                                                       | Aerial video tape                               | NA               |         |

## Notes:

na = not applicable and not required    nr = not received    required

January 25, 2001

**Reference: 3123.06/WP#T-1088**

**Ministry of Environment, Lands and Parks**

3726 Alfred Avenue  
Smithers, BC  
V0J 2N0

**Attention: Paul Giroux**

Paul,

The following is a summary of how various issues were addressed after our meeting on January 23, 2001. Darren Fillier (Forest Ecosystem Specialist-Kispiox Forest District), Jason Harris (Triton-Terrace), Edward Lem (Triton-Smithers), and myself reviewed the Non Fish-Bearing Table and related mapping products for the Reconnaissance (1:20k) Fish and Fish Habitat Inventory of the Sub-Basins between and including Lorne and Mill Creeks on the North Side of the Skeena River.

All of the sites in the Non Fish-Bearing Table were evaluated and the maps were reviewed to ensure consistency. Two changes to the Non Fish-Bearing Table were requested:

- Site 3 (ILP 10301 Reach 3) was found to have inadequate supporting evidence to be classified as a non fish-bearing stream. Without fish sampling this reach must be changed from a confirmed non fish-bearing stream to inferred non fish-bearing stream until fish sampling confirms its status.
- Site 629 (ILP 11066 Reach 1) was found to contain poor terminology in the comments section. It was requested that wording such as 'no fish habitat' be changed to more descriptive wording to reduce the chance of differing interpretation.

At your request, Triton made the following changes to the Non Fish-Bearing Table, database and maps:

- Site 3 (ILP 10301 Reach 3) was changed to inferred non fish-bearing in the Non Fish Bearing Table. Reach 3 was changed on the map from solid blue to dashed blue. Reaches upstream of Site 3 were also changed to dashed blue to reflect the change in



classification. Changes were made to Site 3 in the database to make it consistent with the mapping product and the Non Fish-Bearing Table.

- Site 629 (ILP 11066 Reach 1) comments were changed to be more descriptive and poor terminology was removed.

Attached is the revised Non Fish-Bearing Table, which reflects the changes noted above. Could you please confirm that the changes made to the Non Fish-Bearing Table, database, and maps are acceptable and can be included in the final report deliverables.

Yours truly,

**Triton Environmental Consultants Ltd.**

Jason Dorey  
Fisheries Technician

Enclosure

cc: Darren Fillier (FES Kispiox Forest District)  
Jason Harris (Triton Environmental Consultants Ltd.)

**From:** "Giroux, Paul ELP:EX" <Paul.Giroux@gems5.gov.bc.ca>  
**To:** 'Jason Dorey' <jdorey@triton-env.com>  
**Date:** 1/26/01 1:09PM  
**Subject:** RE: Mill to Lorne Creek 1:20k Inventory

ok JD. Good job.

-----Original Message-----

From: Jason Dorey [mailto:jdorey@triton-env.com]  
Sent: January 26, 2001 11:29 AM  
To: Paul.Giroux@gems5.gov.bc.ca  
Cc: Darren.Fillier@gems6.gov.bc.ca; Jason Harris  
Subject: RE: Mill to Lorne Creek 1:20k Inventory

Paul,

Once these changes are made can we move forward to generate the final reports and maps.

Jason Dorey

Triton Environmental Consultants Ltd.  
300-4546 Park Ave  
Terrace, BC V8G 1V4

Mail: Box 88 Terrace, BC V8G 4A2  
Phone (250) 635-1494  
Fax (250) 635-1495

e mail: jdorey@triton-env.com  
webpage www.triton-env.com

>>> "Giroux, Paul ELP:EX" <Paul.Giroux@gems5.gov.bc.ca> 01/26/01 08:51am >>>  
Jason: Thanks for the note and changes. A few other things to consider.

1. site 636 - term "no fish habitat used"....re-write to add more description as to why.
2. cascade dimensions: is it rise:run or opposite? this needs to be described as a foot note or in the caption.
3. You also need to describe what species you suspect to be present so as to assist in assessing potential barriers. For example, resident RB vs adult ST have very different barrier thresholds.
4. remember to use the phrase....no evidence of surface water flow when describing a discontinuity when it exists.

-----Original Message-----

From: Jason Dorey [mailto:jdorey@triton-env.com  
<mailto:jdorey@triton-env.com> ]  
Sent: January 25, 2001 4:59 PM  
To: Paul.Giroux@gems5.gov.bc.ca  
Cc: Darren.Fillier@gems6.gov.bc.ca; Jason Harris



Subject: Mill to Lorne Creek 1:20k Inventory

Paul,

See attached Letter (Non Fish Bearing Review.doc) and Non Fish Bearing Table concerning our meeting on January 23, 2001.

Jason Dorey

Triton Environmental Consultants Ltd.  
300-4546 Park Ave  
Terrace, BC V8G 1V4

Mail: Box 88 Terrace, BC V8G 4A2  
Phone (250) 635-1494  
Fax (250) 635-1495

e mail: [jdorey@triton-env.com](mailto:jdorey@triton-env.com)  
webpage [www.triton-env.com](http://www.triton-env.com)

**CC:** "Fillier, Darren FOR:EX" <[Darren.Fillier@gems6.gov.bc.ca](mailto:Darren.Fillier@gems6.gov.bc.ca)>, Jason Harris  
<[JHarris@triton-env.com](mailto:JHarris@triton-env.com)>

**From:** "Chris Schell" <schell@bulkley.net>  
**To:** "Jason Harris" <JHarris@triton-env.com>  
**Date:** 2/8/01 3:09PM  
**Subject:** Re: QA report

Looks good to me. Because it's slightly different than what others have done I've sent it on to Paul for comment. But if he doesn't like it I'll argue with him since it's pretty much the same thing I usually get, just digital.

So from my point of view, it passes. I'll tell you what Paul thinks as soon as he tells me.

Just talked to Paul, it's fine by him.

Chris Schell  
Box 4695  
Smithers, BC, V0J 2N0  
courier: "hold for pick-up"  
tel & fax (250) 847-0180  
or try 847-1946

-----Original Message-----

From: Jason Harris <JHarris@triton-env.com>  
To: schell@bulkley.net <schell@bulkley.net>  
Date: February 8, 2001 9:33 AM  
Subject: QA report

Chris: Please find attached the exported FDIS QA for the SCI Inventory Project as per your request.

We have run the automated QA and fixed the problems identified. The attached table is the results of the second export. We have found the errors associated with this QA either false or unfixable. Please advise if the results of this QA are acceptable to you and if we can start producing the deliverables.

Jason Harris



|       |                     |                   |       |    |     |          |       |                                                                                         |             |
|-------|---------------------|-------------------|-------|----|-----|----------|-------|-----------------------------------------------------------------------------------------|-------------|
| Owner | SITE                | 000-0000          | 11009 | 1  | 722 | 103P 030 | 65003 | Fish Form is missing                                                                    | wrong       |
|       | Channel Widths      | 400-301700-28100- |       | 2  | 603 | 103I 088 | 60003 | Average Channel Width is less than the Average Wetted Width                             | wrong       |
|       | Field Name          | WS_Cod ILP        |       | 4  |     | NID_MAP  | NID   | Comment:                                                                                |             |
|       | REACH CARD          | 400-324400-29000- |       | 4  |     | 103P 008 | 21016 | Downstream elevation 1058 for Reach 4 is greater then upstream elevation 0 of Reach 3   | lake        |
|       | REACH CARD          | 400-313700-34400- |       | 6  |     | 103I 098 | 21127 | Downstream elevation 1110 for Reach 6 is greater then upstream elevation 0 of Reach 5   | lake        |
|       | REACH CARD          | 400-313700-71700- |       | 6  |     | 103I 098 | 21214 | Downstream elevation 1135 for Reach 6 is greater then upstream elevation 0 of Reach 5   | lake        |
|       | REACH CARD          | 400-324400-52900- |       | 4  |     | 103P 008 | 20890 | Downstream elevation 1141 for Reach 4 is greater then upstream elevation 0 of Reach 3   | lake        |
|       | REACH CARD          | 400-313700-34400- |       | 8  |     | 103P 008 | 21035 | Downstream elevation 1152 for Reach 8 is greater then upstream elevation 0 of Reach 7   | lake        |
|       | REACH CARD          | 000-0000          | 10173 | 6  |     | 103P 007 | 21050 | Downstream elevation 1162 for Reach 6 is less then upstream elevation 1245 of Reach 5   | wrong       |
|       | REACH CARD          | 400-324400-52900- |       | 6  |     | 103P 008 | 20865 | Downstream elevation 1175 for Reach 6 is greater then upstream elevation 0 of Reach 5   | lake        |
|       | REACH CARD          | 400-324400-29000- |       | 7  |     | 103P 018 | 20485 | Downstream elevation 1243 for Reach 7 is greater then upstream elevation 0 of Reach 6   | lake        |
|       | REACH CARD          | 400-324400-52900- |       | 9  |     | 103P 018 | 20390 | Downstream elevation 1312 for Reach 9 is greater then upstream elevation 0 of Reach 8   | lake        |
|       | REACH CARD          | 400-301700-65700- |       | 6  |     | 103I 098 | 21239 | Downstream elevation 1324 for Reach 6 is greater then upstream elevation 0 of Reach 5   | lake        |
|       | REACH CARD          | 400-350300-30200- |       | 7  |     | 103P 019 | 20318 | Downstream elevation 1354 for Reach 7 is less then upstream elevation 1553 of Reach 6   | wrong       |
|       | REACH CARD          | 000-0000          | 10176 | 6  |     | 103P 007 | 21047 | Downstream elevation 1359 for Reach 6 is greater then upstream elevation 0 of Reach 5   | lake        |
|       | REACH CARD          | 400-324400-52900- |       | 2  |     | 103P 008 | 20855 | Downstream elevation 1403 for Reach 2 is greater then upstream elevation 0 of Reach 1   | lake        |
|       | REACH CARD          | 400-324400-52900- |       | 8  |     | 103P 008 | 20844 | Downstream elevation 1409 for Reach 8 is greater then upstream elevation 0 of Reach 7   | lake        |
|       | REACH CARD          | 400-324400-52900- |       | 3  |     | 103P 008 | 20929 | Downstream elevation 1437 for Reach 3 is greater then upstream elevation 0 of Reach 2   | lake        |
|       | REACH CARD          | 400-324400-52900- |       | 11 |     | 103P 018 | 20392 | Downstream elevation 1439 for Reach 11 is greater then upstream elevation 0 of Reach 10 | lake        |
|       | REACH CARD          | 400-324400-52900- |       | 5  |     | 103P 008 | 20931 | Downstream elevation 1453 for Reach 5 is greater then upstream elevation 0 of Reach 4   | lake        |
|       | REACH CARD          | 400-324400-29000- |       | 4  |     | 103P 018 | 20446 | Downstream elevation 1459 for Reach 4 is greater then upstream elevation 0 of Reach 3   | lake        |
|       | REACH CARD          | 400-324400-29000- |       | 5  |     | 103P 009 | 20659 | Downstream elevation 1488 for Reach 5 is greater then upstream elevation 0 of Reach 4   | lake        |
|       | REACH CARD          | 400-324400-29000- |       | 6  |     | 103P 018 | 20448 | Downstream elevation 1488 for Reach 6 is greater then upstream elevation 0 of Reach 5   | lake        |
|       | REACH CARD          | 400-324400-52900- |       | 10 |     | 103P 008 | 20849 | Downstream elevation 1493 for Reach 10 is greater then upstream elevation 0 of Reach 9  | lake        |
|       | REACH CARD          | 400-362300-00000- |       | 6  |     | 103P 030 | 22005 | Downstream elevation 547 for Reach 6 is greater then upstream elevation 0 of Reach 5    | lake        |
|       | REACH CARD          | 400-362300-00000- |       | 8  |     | 103P 030 | 22015 | Downstream elevation 550 for Reach 8 is greater then upstream elevation 0 of Reach 7    | lake        |
|       | REACH CARD          | 400-324400-29000- |       | 2  |     | 103P 008 | 21024 | Downstream elevation 790 for Reach 2 is less then upstream elevation 903 of Reach 1     | wrong       |
|       | REACH CARD          | 400-301700-35200- |       | 4  |     | 103I 088 | 21464 | Downstream elevation 838 for Reach 4 is greater then upstream elevation 0 of Reach 3    | lake        |
|       | FEATURE_SYSTEM-SITE |                   |       |    |     | 103I 098 | 88003 | Duplication of NID 103I 098 88003 in the SITE - FEATURE_SYSTEM subform                  | extra photo |
|       | FEATURE_SYSTEM-SITE |                   |       |    |     | 103I 098 | 88003 | Duplication of NID 103I 098 88003 in the SITE - FEATURE_SYSTEM subform                  | extra photo |
|       | FEATURE_SYSTEM-SITE |                   |       |    |     | 103P 008 | 70725 | Duplication of NID 103P 008 70725 in the SITE - FEATURE_SYSTEM subform                  | extra photo |
|       | FEATURE_SYSTEM-SITE |                   |       |    |     | 103P 008 | 70725 | Duplication of NID 103P 008 70725 in the SITE - FEATURE_SYSTEM subform                  | extra photo |
|       | FEATURE_SYSTEM-SITE |                   |       |    |     | 103P 008 | 88007 | Duplication of NID 103P 008 88007 in the SITE - FEATURE_SYSTEM subform                  | extra photo |
|       | FEATURE_SYSTEM-SITE |                   |       |    |     | 103P 008 | 88007 | Duplication of NID 103P 008 88007 in the SITE - FEATURE_SYSTEM subform                  | extra photo |
|       | FEATURE_SYSTEM-SITE |                   |       |    |     | 103P 020 | 70702 | Duplication of NID 103P 020 70702 in the SITE - FEATURE_SYSTEM subform                  | extra photo |
|       | FEATURE_SYSTEM-SITE |                   |       |    |     | 103P 020 | 70702 | Duplication of NID 103P 020 70702 in the SITE - FEATURE_SYSTEM subform                  | extra photo |
|       | SITE/METHOD         | 400-324400-52900- |       | 1  |     |          |       | Gear Settings record required for Site # 613: Method & # EF/2                           | wrong       |
|       | NID_MAP             | 000-0000          | 10772 | 3  |     | 103I 088 | 21513 | NID Mapsheet 103I 088 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 400-301700-00000- |       | 2  |     | 103I 088 | 21458 | NID Mapsheet 103I 088 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 400-301700-00000- |       | 4  |     | 103I 088 | 21471 | NID Mapsheet 103I 088 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 400-301700-00000- |       | 5  |     | 103I 088 | 21483 | NID Mapsheet 103I 088 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 400-301700-28100- |       | 1  |     | 103I 088 | 21364 | NID Mapsheet 103I 088 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 400-301700-28100- |       | 2  |     | 103I 088 | 21372 | NID Mapsheet 103I 088 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 400-301700-28100- |       | 4  |     | 103I 088 | 21456 | NID Mapsheet 103I 088 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 400-301700-54800- |       | 3  |     | 103I 088 | 21498 | NID Mapsheet 103I 088 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 000-0000          | 10778 | 2  |     | 103I 089 | 21322 | NID Mapsheet 103I 089 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 400-297600-00000- |       | 1  |     | 103I 089 | 21317 | NID Mapsheet 103I 089 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 400-313700-58800- |       | 1  |     | 103I 097 | 21270 | NID Mapsheet 103I 097 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 000-0000          | 10810 | 1  |     | 103I 098 | 21099 | NID Mapsheet 103I 098 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 000-0000          | 10879 | 1  |     | 103I 098 | 21229 | NID Mapsheet 103I 098 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 000-0000          | 10885 | 2  |     | 103I 098 | 21242 | NID Mapsheet 103I 098 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 400-301700-00000- |       | 8  |     | 103I 098 | 21231 | NID Mapsheet 103I 098 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 400-301700-65700- |       | 4  |     | 103I 098 | 21237 | NID Mapsheet 103I 098 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 400-313700-00000- |       | 2  |     | 103I 098 | 21067 | NID Mapsheet 103I 098 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 400-313700-00000- |       | 3  |     | 103I 098 | 21068 | NID Mapsheet 103I 098 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 400-313700-00000- |       | 4  |     | 103I 098 | 21069 | NID Mapsheet 103I 098 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 400-313700-00000- |       | 6  |     | 103I 098 | 21071 | NID Mapsheet 103I 098 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 400-313700-00000- |       | 7  |     | 103I 098 | 21072 | NID Mapsheet 103I 098 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 400-313700-34400- |       | 6  |     | 103I 098 | 21127 | NID Mapsheet 103I 098 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 400-313700-71700- |       | 3  |     | 103I 098 | 21219 | NID Mapsheet 103I 098 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 000-0000          | 10893 | 1  |     | 103I 099 | 21061 | NID Mapsheet 103I 099 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 400-324400-00000- |       | 1  |     | 103I 099 | 21058 | NID Mapsheet 103I 099 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 000-0000          | 10834 | 1  |     | 103P 008 | 21037 | NID Mapsheet 103P 008 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 000-0000          | 10041 | 1  |     | 103P 008 | 21021 | NID Mapsheet 103P 008 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 000-0000          | 10163 | 1  |     | 103P 008 | 20744 | NID Mapsheet 103P 008 does not exist in the Reach Maps Section                          | wrong       |
|       | NID_MAP             | 000-0000          | 10173 | 3  |     | 103P 008 | 20705 | NID Mapsheet 103P 008 does not exist in the Reach Maps Section                          | wrong       |

[illegible]



|             |                   |       |          |       |                                                                                                                    |       |
|-------------|-------------------|-------|----------|-------|--------------------------------------------------------------------------------------------------------------------|-------|
| NID_MAP     | 400-362300-74700- | 1     | 103P 020 | 21473 | NID Mapsheet 103P 020 does not exist in the Reach Maps Section                                                     | wrong |
| NID_MAP     | 000-0000 11000    | 1     | 103P 030 | 22000 | NID Mapsheet 103P 030 does not exist in the Reach Maps Section                                                     | wrong |
| NID_MAP     | 000-0000 11001    | 1     | 103P 030 | 22001 | NID Mapsheet 103P 030 does not exist in the Reach Maps Section                                                     | wrong |
| NID_MAP     | 000-0000 11002    | 1     | 103P 030 | 22002 | NID Mapsheet 103P 030 does not exist in the Reach Maps Section                                                     | wrong |
| NID_MAP     | 000-0000 11003    | 1     | 103P 030 | 22003 | NID Mapsheet 103P 030 does not exist in the Reach Maps Section                                                     | wrong |
| NID_MAP     | 000-0000 11005    | 1     | 103P 030 | 22008 | NID Mapsheet 103P 030 does not exist in the Reach Maps Section                                                     | wrong |
| NID_MAP     | 000-0000 11006    | 1     | 103P 030 | 22020 | NID Mapsheet 103P 030 does not exist in the Reach Maps Section                                                     | wrong |
| NID_MAP     | 000-0000 11008    | 1     | 103P 030 | 22037 | NID Mapsheet 103P 030 does not exist in the Reach Maps Section                                                     | wrong |
| NID_MAP     | 400-362300-00000- | 6     | 103P 030 | 22005 | NID Mapsheet 103P 030 does not exist in the Reach Maps Section                                                     | wrong |
| NID_MAP     | 400-362300-00000- | 8     | 103P 030 | 22015 | NID Mapsheet 103P 030 does not exist in the Reach Maps Section                                                     | wrong |
| NID_MAP     | 400-362300-74700- | 2     | 103P 030 | 22032 | NID Mapsheet 103P 030 does not exist in the Reach Maps Section                                                     | wrong |
| NID_MAP     | 400-362300-74700- | 3     | 103P 030 | 22033 | NID Mapsheet 103P 030 does not exist in the Reach Maps Section                                                     | wrong |
| REACH CARD  | 400-324400-52900- | 3     | 103P 008 | 20929 | Reach Length is less then the calculated amount Actual reach length is 0 13 and the calculated is 0 20719555979798 |       |
| REACH CARD  | 400-324400-75200- | 8     | 103I 098 | 21142 | Reach Length is less then the calculated amount Actual reach length is 0 15 and the calculated is 0 15938004893963 |       |
| REACH CARD  | 000-0000 10772    | 2     | 103I 089 | 21314 | Reach Length is less then the calculated amount Actual reach length is 0 2 and the calculated is 0 20580087463371  |       |
| REACH CARD  | 000-0000 10320    | 2     | 103P 018 | 20377 | Reach Length is less then the calculated amount Actual reach length is 0 3 and the calculated is 0 312853000624894 |       |
| REACH CARD  | 000-0000 10139    | 2     | 103P 008 | 20778 | Reach Length is less then the calculated amount Actual reach length is 0 34 and the calculated is 0 35640566774393 |       |
| REACH CARD  | 400-313700-93700- | 3     | 103I 097 | 21297 | Reach Length is less then the calculated amount Actual reach length is 0 35 and the calculated is 0 35074349601952 |       |
| REACH CARD  | 000-0000 10237    | 3     | 103P 009 | 20510 | Reach Length is less then the calculated amount Actual reach length is 0 36 and the calculated is 0 36002777670618 |       |
| REACH CARD  | 000-0000 10024    | 2     | 103P 008 | 20993 | Reach Length is less then the calculated amount Actual reach length is 0 36 and the calculated is 0 36084345636300 |       |
| REACH CARD  | 400-324400-29000- | 5     | 103P 009 | 20659 | Reach Length is less then the calculated amount Actual reach length is 0 37 and the calculated is 0 46063651613826 |       |
| REACH CARD  | 400-313700-00000- | 11    | 103I 097 | 21290 | Reach Length is less then the calculated amount Actual reach length is 0 39 and the calculated is 0 71402030783444 |       |
| REACH CARD  | 400-301700-83100- | 4     | 103I 097 | 21316 | Reach Length is less then the calculated amount Actual reach length is 0 43 and the calculated is 0 43079577528104 |       |
| REACH CARD  | 000-0000 10573    | 2     | 103P 019 | 20306 | Reach Length is less then the calculated amount Actual reach length is 0 43 and the calculated is 0 45404955676666 |       |
| REACH CARD  | 000-0000 10717    | 2     | 103I 088 | 21442 | Reach Length is less then the calculated amount Actual reach length is 0 47 and the calculated is 0 47406750574153 |       |
| REACH CARD  | 000-0000 10896    | 2     | 103P 018 | 20389 | Reach Length is less then the calculated amount Actual reach length is 0 52 and the calculated is 0 58346636578298 |       |
| REACH CARD  | 000-0000 10492    | 2     | 103P 019 | 20145 | Reach Length is less then the calculated amount Actual reach length is 0 54 and the calculated is 0 54744462772684 |       |
| REACH CARD  | 400-324400-29000- | 2     | 103P 009 | 20656 | Reach Length is less then the calculated amount Actual reach length is 0 56 and the calculated is 0 84291162051546 |       |
| REACH CARD  | 000-0000 11905    | 2     | 103P 009 | 20550 | Reach Length is less then the calculated amount Actual reach length is 0 57 and the calculated is 0 57138603413104 |       |
| REACH CARD  | 400-297600-13500- | 3     | 103I 088 | 21335 | Reach Length is less then the calculated amount Actual reach length is 0 58 and the calculated is 0 68076207297410 |       |
| REACH CARD  | 000-0000 10604    | 2     | 103P 009 | 20643 | Reach Length is less then the calculated amount Actual reach length is 0 58 and the calculated is 0 84318266111205 |       |
| REACH CARD  | 000-0000 10808    | 2     | 103I 098 | 21076 | Reach Length is less then the calculated amount Actual reach length is 0 6 and the calculated is 0 600493963333521 |       |
| REACH CARD  | 000-0000 11069    | 2     | 103P 020 | 21397 | Reach Length is less then the calculated amount Actual reach length is 0 65 and the calculated is 0 69909655985421 |       |
| REACH CARD  | 000-0000 10840    | 2     | 103I 098 | 21169 | Reach Length is less then the calculated amount Actual reach length is 0 71 and the calculated is 0 73919550864436 |       |
| REACH CARD  | 000-0000 10469    | 3     | 103P 019 | 20182 | Reach Length is less then the calculated amount Actual reach length is 0 72 and the calculated is 0 72399792817383 |       |
| REACH CARD  | 400-350300-73500- | 2     | 103P 019 | 20103 | Reach Length is less then the calculated amount Actual reach length is 0 76 and the calculated is 0 80913595890925 |       |
| REACH CARD  | 000-0000 10491    | 2     | 103P 019 | 20147 | Reach Length is less then the calculated amount Actual reach length is 0 83 and the calculated is 0 83730161829534 |       |
| REACH CARD  | 000-0000 11008    | 2     | 103P 030 | 22038 | Reach Length is less then the calculated amount Actual reach length is 1 13 and the calculated is 1 19699665830778 |       |
| REACH CARD  | 400-350300-30200- | 2     | 103P 009 | 20666 | Reach Length is less then the calculated amount Actual reach length is 2 11 and the calculated is 2 77847530131185 |       |
| REACH CARD  | 400-324400-00000- | 5     | 103P 008 | 21032 | Reach Length is less then the calculated amount Actual reach length is 2 19 and the calculated is 2 27047682216754 |       |
| LAKE CARD   | 000-0000 13010    | 2     | 103P 008 | 20935 | Reach Number 1 is missing lake                                                                                     |       |
| LAKE CARD   | 000-0000 13071    | 4     | 103P 008 | 20706 | Reach Number 1 is missing lake                                                                                     |       |
| LAKE CARD   | 000-0000 13072    | 2     | 103P 008 | 20729 | Reach Number 1 is missing lake                                                                                     |       |
| LAKE CARD   | 000-0000 13020    | 3     | 103P 018 | 20434 | Reach Number 1 is missing lake                                                                                     |       |
| LAKE CARD   | 000-0000 13023    | 4     | 103P 018 | 20458 | Reach Number 1 is missing lake                                                                                     |       |
| LAKE CARD   | 000-0000 13025    | 4     | 103P 018 | 20471 | Reach Number 1 is missing lake                                                                                     |       |
| LAKE CARD   | 000-0000 13026    | 5     | 103P 019 | 20316 | Reach Number 1 is missing lake                                                                                     |       |
| LAKE CARD   | 000-0000 13070    | 5     | 103P 019 | 21480 | Reach Number 1 is missing lake                                                                                     |       |
| LAKE CARD   | 000-0000 13074    | 2     | 103P 020 | 21472 | Reach Number 1 is missing lake                                                                                     |       |
| LAKE CARD   | 000-0000 14019    | 2     | 103P 020 | 21460 | Reach Number 1 is missing lake                                                                                     |       |
| LAKE CARD   | 400-362300-74700- | 5     | 103P 030 | 22035 | Reach Number 1 is missing lake                                                                                     |       |
| REACH CARD  | 000-0000 10157    | 3     | 103I 098 | 21147 | Reach Number is out of order Reach ID: 2 doesn't exist lake                                                        |       |
| REACH CARD  | 400-324400-29000- | 1.1   | 103P 008 | 22101 | Reach Number is out of order Reach ID: 2 doesn't exist lake                                                        |       |
| REACH CARD  | 000-0000 10647    | 4     | 103I 087 | 21549 | Reach Number is out of order Reach ID: 3 doesn't exist lake                                                        |       |
| REACH CARD  | 000-0000 10320    | 4     | 103P 018 | 22099 | Reach Number is out of order Reach ID: 3 doesn't exist lake                                                        |       |
| REACH CARD  | 000-0000 10344    | 4     | 103P 018 | 20435 | Reach Number is out of order Reach ID: 3 doesn't exist lake                                                        |       |
| REACH CARD  | 000-0000 10173    | 5     | 103P 008 | 20707 | Reach Number is out of order Reach ID: 4 doesn't exist lake                                                        |       |
| REACH CARD  | 000-0000 10359    | 5     | 103P 018 | 20459 | Reach Number is out of order Reach ID: 4 doesn't exist lake                                                        |       |
| REACH CARD  | 400-324400-29000- | 5     | 103P 018 | 20472 | Reach Number is out of order Reach ID: 4 doesn't exist lake                                                        |       |
| REACH CARD  | 400-350300-30200- | 6     | 103P 019 | 20317 | Reach Number is out of order Reach ID: 5 doesn't exist lake                                                        |       |
| REACH CARD  | 400-362300-74700- | 6     | 103P 030 | 22036 | Reach Number is out of order Reach ID: 5 doesn't exist lake                                                        |       |
| SITE LENGTH | 000-0000 11905    | 1 648 | 103P 009 | 60048 | Site's length <= Reach's length oops                                                                               |       |

March 28, 2001

**Reference: 3123.06/WPT-1115**

**Ministry of Environment**

3726 Alfred Avenue

Box 5000

Smithers, BC

V0J 2N0

**Attention: Paul Giroux**

Dear Sir:

**Re: Fish Inventory Submissions for the Reconnaissance 1:20,000 Fish and Fish Habitat Inventory of the Sub-basins between and including Lorne and Mill Creek on the North Side of the Skeena River within the Kispiox Forest District.**

Please find enclosed project deliverables for the Reconnaissance 1:20,000 Fish and Fish Habitat Inventory within Skeena Cellulose's Carnaby Operating Areas. As outlined in the General Services Agreement for FRBC Stream Inventories the following deliverables are enclosed:

**Report**

|                     |                                                              |
|---------------------|--------------------------------------------------------------|
| <b>Appendix I</b>   | Reach Cards/Site Cards/Fish Collection Forms and Photographs |
| <b>Appendix II</b>  | Phase Completion Reports                                     |
| <b>Appendix III</b> | Quality Assurance Forms and Correspondence                   |
| <b>Appendix IV</b>  | Phase I-III Project Plan (with attachments)                  |
| <b>Appendix V</b>   | Project/Interpretive Maps                                    |

**Attachment I** Planning Document  
Triton Environmental Consultants Ltd., July 2000. Phase I-III Pre-field Project Planning Report Reconnaissance (1:20,000) Fish and Fish Habitat Inventory of the Sub-basins between and including Lorne and Mill Creek on the North Side of the Skeena River within the Kispiox Forest District.

**Attachment II** Field Notes  
Site Cards/Fish Collection Forms



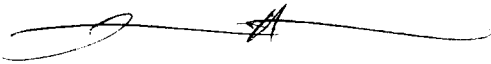
**Attachment III**      Photodocumentation  
                         Photo Summary Report  
                         Photo CD  
                         Prints in Plastic Sleeves  
                         Negatives in Plastic Sleeves

**Attachment IV**      Digital Data  
                         Watershed Report Files  
                         FDIS Files  
                         Mapping Files

**Attachment V**      FISS Update Data  
                         FISS Update Forms  
                         FISS Update Maps

As outlined in our contract, Triton requires confirmation of receipt in the form of a signed letter or e-mail from the recipient of the deliverables. Could you please e-mail or send me a letter to confirm that you have received the deliverables associated with this project (project checklist for deliverables is attached to this letter). Should you have any questions or require additional information, please contact me.

Yours truly,  
**Triton Environmental Consultants Ltd.**



Jason Harris  
Project Manager  
[jharris@triton-env.com](mailto:jharris@triton-env.com)

enclosure.

|                         |                      |    |    |   |   |   |   |   |    |    |
|-------------------------|----------------------|----|----|---|---|---|---|---|----|----|
| Project Map             | hard copies          | 0  | 0  | 0 | 0 | 0 | 0 | 0 | 0  | 0  |
|                         | digital export files | 0  |    | 0 |   |   |   |   | 0  | 0  |
|                         | plot files           | 0  |    |   |   |   |   |   | 0  | 0  |
| Interpretive Map        | hard copies          | 1  | 1  | 1 | 1 | 1 | 1 | 1 | 4  | 4  |
|                         | digital export files | 1  | 1  | 1 | 1 |   |   |   | 2  | 2  |
|                         | plot files           | 1  | 1  |   |   |   |   |   | 1  | 1  |
| Overview Map            | hard copies          | 1  | 1  | 1 | 1 | 1 | 1 | 1 | 4  | 4  |
|                         | digital copies       | 1  | 1  | 1 | 1 |   |   |   | 2  | 2  |
|                         |                      |    |    |   |   |   |   |   |    |    |
| QA Report               | digital              | 1  | 1  |   |   |   |   |   | 1  | 1  |
|                         | hard copy            | 1  | 1  |   |   |   |   |   | 1  | 1  |
| Phase Completion Report | digital              | 1  | 1  |   |   |   |   |   | 1  | 1  |
|                         | hard copy            | 1  | 1  |   |   |   |   |   | 1  | 1  |
| Date Due                |                      |    |    |   |   |   |   |   |    |    |
| Total                   |                      | 20 | 20 | 8 | 8 | 3 | 3 | 3 | 34 | 34 |
|                         |                      | 30 | 30 | 8 | 8 | 3 | 3 | 3 | 44 | 44 |

Quality Certificate Generated:

| Task        | No. of Deliverables |          | %    |
|-------------|---------------------|----------|------|
|             | Required            | Received |      |
| PHASE I-III | 6                   | 6        | 100% |
| PHASE IV    | 4                   | 4        | 100% |
| PHASE V-VI  | 34                  | 34       | 100% |
| Total       | 44                  | 44       | 100% |



# 2000/01 FRBC Funded Fish and Fish Habitat Inventory Program

## Deliverables Submitted up to March 31, 2001

Reconnaissance 1:20,000 Fish and Fish Habitat Inventory of the Sub-Basins between and including Lorne and Mill Creeks on the North Side of the Skeena River within the Kispiox Forest District

Paul Giroux

| Standard Agreement Schedule 'A' |                                | Region |       | Victoria |       | MELP District |       | Licensee |       | Total |       |
|---------------------------------|--------------------------------|--------|-------|----------|-------|---------------|-------|----------|-------|-------|-------|
|                                 |                                | Req'd  | Rec'd | Req'     | Rec'd | Req'd         | Rec'd | Req'd    | Rec'd | Req'd | Rec'd |
| <b>Phase I - III</b>            |                                |        |       |          |       |               |       |          |       |       |       |
| Pre-Field Planning Report       | Digital                        | 1      | 1     |          |       |               |       |          |       | 1     | 1     |
|                                 | HardCopy                       | 1      | 1     |          |       |               |       |          |       | 1     | 1     |
| <i>Report to Contain:</i>       |                                |        |       |          |       |               |       |          |       |       |       |
| Excel/Word File Names           |                                |        |       |          |       |               |       |          |       |       |       |
| Overview Map                    |                                |        |       |          |       |               |       |          |       |       |       |
| List of References              |                                |        |       |          |       |               |       |          |       |       |       |
| FISS forms for new info         |                                |        |       |          |       |               |       |          |       |       |       |
| ILP Data Sheet Status           | ILP Data Sheet file name       |        |       |          |       |               |       |          |       |       |       |
| ILP Map Status                  | copy of e-mail or cover letter |        |       |          |       |               |       |          |       |       |       |
| FDIS File                       |                                |        |       |          |       |               |       |          |       |       |       |
| Sampling Design Sheet           |                                |        |       |          |       |               |       |          |       |       |       |
| Project Plan                    |                                |        |       |          |       |               |       |          |       |       |       |
| Interim Map                     | Phase I-III deliverable req'd  |        |       |          |       |               |       |          |       |       |       |
| Phases I-VI status only         |                                |        |       |          |       |               |       |          |       |       |       |
| QA Report                       | Digital &                      | 1      | 1     |          |       |               |       |          |       | 1     | 1     |
|                                 | Hardcopy                       | 1      | 1     |          |       |               |       |          |       | 1     | 1     |
| Phase Completion Report         | Digital &                      | 1      | 1     |          |       |               |       |          |       | 1     | 1     |
|                                 | Hardcopy                       | 1      | 1     |          |       |               |       |          |       | 1     | 1     |
|                                 |                                | 6      | 6     | 0        | 0     | 0             | 0     | 0        | 0     | 6     | 6     |
| <b>Phase IV</b>                 |                                |        |       |          |       |               |       |          |       |       |       |
| <b>Streams</b>                  |                                |        |       |          |       |               |       |          |       |       |       |
| Site Forms                      | not required unless requested  |        |       |          |       |               |       |          |       |       |       |
| Fish Collection Forms           | not required unless requested  |        |       |          |       |               |       |          |       |       |       |
| Additional Sampling Summary     | not required unless requested  |        |       |          |       |               |       |          |       |       |       |
| <b>Lakes</b>                    |                                |        |       |          |       |               |       |          |       |       |       |
| Lake Survey Form                | not required unless requested  |        |       |          |       |               |       |          |       |       |       |
| Water Chem Status               | if required                    |        |       |          |       |               |       |          |       |       |       |
| Ageing Samples                  |                                | 0      | 0     |          |       |               |       |          |       | 0     | 0     |
| Fish Vouchers                   |                                | 0      | 0     |          |       |               |       |          |       | 0     | 0     |
| QA Report                       | Hardcopy                       | 1      | 1     |          |       |               |       |          |       | 1     | 1     |
|                                 | Digital                        | 1      | 1     |          |       |               |       |          |       | 1     | 1     |
| Phase Completion Report         | Hardcopy                       | 1      | 1     |          |       |               |       |          |       | 1     | 1     |
|                                 | Digital                        | 1      | 1     |          |       |               |       |          |       | 1     | 1     |
|                                 |                                | 4      | 4     | 0        | 0     | 0             | 0     | 0        | 0     | 4     | 4     |
| <b>Phase V-VI</b>               |                                |        |       |          |       |               |       |          |       |       |       |
| <b>Original Hard Copies</b>     |                                |        |       |          |       |               |       |          |       |       |       |
|                                 | data forms                     | 0      | 0     |          |       |               |       |          |       | 0     | 0     |
|                                 | sounding traces                | 0      | 0     |          |       |               |       |          |       | 0     | 0     |
|                                 | aging structures               | 0      | 0     |          |       |               |       |          |       | 0     | 0     |
| Databases                       | FDIS.dat                       | 1      | 1     | 1        | 1     |               |       |          |       | 2     | 2     |
| Photographs                     | Photo form 1                   | 1      | 1     |          |       |               |       |          |       | 1     | 1     |
|                                 | binder with index              | 1      | 1     |          |       |               |       |          |       | 1     | 1     |
|                                 | CD's with index                | 1      | 1     | 1        | 1     |               |       |          |       | 2     | 2     |
| FISS Updates                    | Forms                          | 1      | 1     |          |       |               |       |          |       | 1     | 1     |
|                                 | Maps                           | 1      | 1     |          |       |               |       |          |       | 1     | 1     |
| Lake Surveys                    |                                |        |       |          |       |               |       |          |       |       |       |
| Draft Report                    |                                | 0      |       |          |       |               |       |          |       | 0     | 0     |
| lake reports                    | hard copies                    | 0      |       | 0        |       | 0             |       | 0        |       | 0     | 0     |
|                                 | digital copies                 | 0      |       | 0        |       |               |       |          |       | 0     | 0     |
|                                 | outline map                    |        |       |          |       |               |       |          |       |       |       |
|                                 | erial photo                    |        |       |          |       |               |       |          |       |       |       |
|                                 | bathymap                       |        |       |          |       |               |       |          |       |       |       |
|                                 | hard copies                    | 0      |       | 0        |       | 0             |       | 0        |       | 0     | 0     |
|                                 | digital copies                 | 0      |       | 0        |       |               |       |          |       | 0     | 0     |
| Watershed Reports               |                                |        |       |          |       |               |       |          |       |       |       |
| Draft Report                    |                                | 1      | 1     |          |       |               |       |          |       | 1     | 1     |
| Final Report                    | hard copies                    | 1      | 1     | 1        | 1     | 1             | 1     | 1        | 1     | 4     | 4     |
|                                 | digital copies                 | 1      | 1     | 1        | 1     |               |       |          |       | 2     | 2     |
| Maps                            |                                |        |       |          |       |               |       |          |       |       |       |
| Draft Maps or Map QA Report     | Digital copy                   | 1      | 1     |          |       |               |       |          |       | 1     | 1     |
|                                 | Hard copy                      | 1      | 1     |          |       |               |       |          |       | 1     | 1     |

## **APPENDIX IV**

### **Phase I-III Project Plan (with Attachments)**

Phase I-III Completion Report  
Bibliography  
Contact List  
FDIS Reach Sampling Summary  
Sample Site Selection  
Digital Data



**PHASES I-III  
PRE-FIELD PROJECT PLANNING REPORT  
Reconnaissance (1:20,000) Fish and Fish Habitat  
Inventory of the Sub-basins between and including  
Lorne and Mill Creeks on the North Side of the Skeena  
River within the Kispiox Forest District**

**WSC 400-000000**

*Prepared for:*

Skeena Cellulose Inc.  
Carnaby Operations  
#10 North Boundary Rd.  
South Hazelton, B.C.  
VOJ 2R0

June 2000

*Prepared by:*



**Phase I to III Pre-field Project Planning Report - 1:20 000 Fish and Fish Habitat Inventory of the Sub-basins between and including Lorne and Mill Creeks on the North Side of the Skeena River within the Kispiox Forest District**

- **MELP Project Number:** SCI\_C172\_010\_2001
- **FRBC Activity Number:** 712318
- **FDIS Project Code:** 3476
- **Project Name:** Reconnaissance (1:20,000 scale) Fish and Fish Habitat of the Sub-basins between and including Lorne and Mill Creeks on the North Side of the Skeena River within the Kispiox Forest District
- **Forest District:** Kispiox Forest District
- **Project Type:** 1:20 000 Reconnaissance
- **Report Date:** June 30, 2000
- **Proponent:** Skeena Cellulose Inc. (Carnaby Operations)
- **Company/Agency:** Triton Environmental Consultants Ltd.
- **Contact Person:** Jason Harris
- **Contact Phone:** (250) 635-1494
- **Contact E-mail:** jharris@triton-env.com
- **MELP Project Monitor:** Paul Giroux
- **FRBC Coordinator:** Todd Mahon
- **Proponent QA Monitor:** Chris Schell

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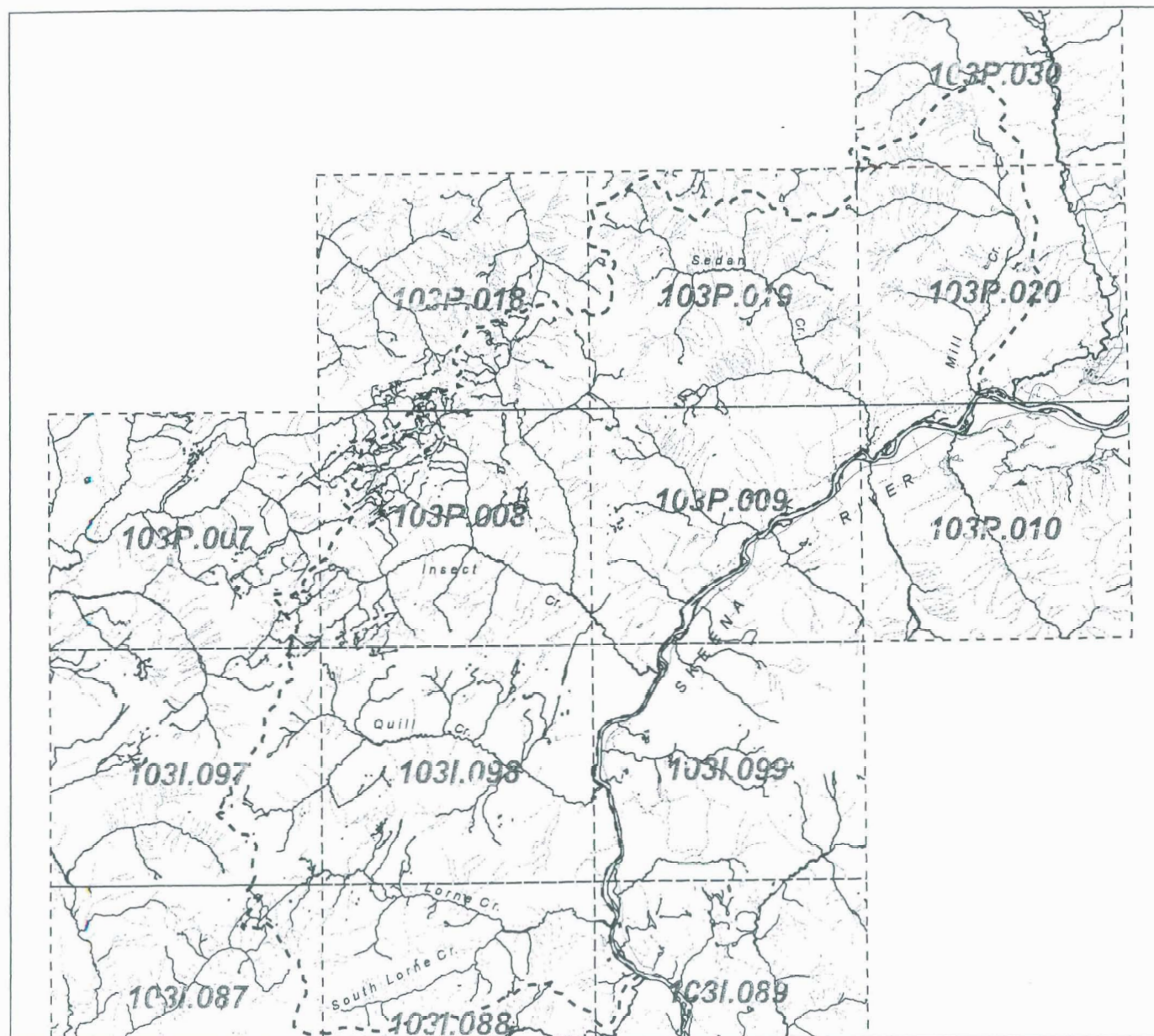
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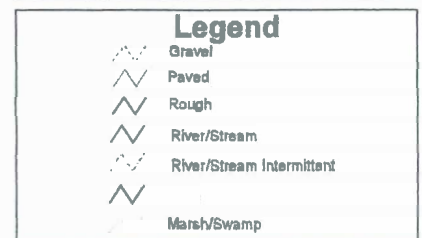
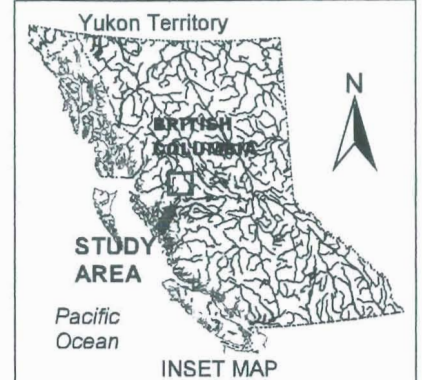
## **LIST OF DIGITAL PRODUCTS**

|                                         |                   |
|-----------------------------------------|-------------------|
| <b>List of References</b>               | references.doc    |
| <b>List of Contacts</b>                 | contacts.doc      |
| <b>Planning Report</b>                  | proplan.doc       |
| <b>Phase Completion Report</b>          | phasecomp.doc     |
| <b>Study Area Lake ILP Data Sheet</b>   | lakeilps.xls      |
| <b>Study Area Stream ILP Data Sheet</b> | streamilps.xls    |
| <b>Study Area FDIS</b>                  | fdis.zip.mdb file |
| <b>Overview Map</b>                     | overview.pdf      |
| <b>Selected Sample Sites</b>            | samplesites.xls   |



**Sub-basins Between  
Lorne Cr. and Mill Cr.  
Northside of the Skeena River  
Kispox Forest District**

**Overview Map  
Figure 1**



1: 200,000



Source: 1:20,000 TRIM Projection: UTM

Date: December 12, 2000  
Created by: EL

**TRITON**  
Environmental Consultants Ltd.



## 1.0 INTRODUCTION

Triton Environmental Consultants Ltd. was retained by Skeena Cellulose Inc (Carnaby Operations) in partnership with Forest Renewal British Columbia (FRBC) and Ministry of Environment Lands and Parks (MELP) to conduct a 1:20,000 scale survey in sub-basins between and including Lorne and Mill Creek on the north side of the Skeena River. The rationale for conducting this project is based on the need to establish fish presence and distribution throughout the selected area, facilitate and/or confirm stream Riparian Management Area classifications and to combine all existing inventories completed within the watershed into one product. This project will be completed as per the requirements of the May 1998 Reconnaissance (1:20 000) Fish and Fish Habitat Inventory Standards for British Columbia. This report summarizes work completed in Phases I-III and outlines the project plan for Phases IV-VI.

### 1.1 Summary of Work Completed

A summary of work completed for each phase is outlined in the attached Phase completion Reports (Appendix I). This summary includes:

- contractor information;
- list of deliverables submitted;
- activity log;
- summary of work completed;
- summary of phase costs;
- progress and problems summary; and
- plans and constraints for phase 4-6.

## 2.0 STUDY AREA AND ACCESS

### 2.1 List of Trim Maps

The study area is approximately 8400 ha in size located along the northern edge of the Skeena River at the western edge of the Kispiox Forest District. The study area includes all tributaries to the Skeena River between Fiddler Creek (exclusive) to the southwest and Mill Creek (inclusive) to the northeast. The 1:20,000 TRIM sheets covering the study area include:

|          |          |          |          |
|----------|----------|----------|----------|
| 103I.087 | 103I.098 | 103P.009 | 103P.020 |
| 103I.088 | 103I.099 | 103P.010 | 103P.030 |
| 103I.089 | 103P.007 | 103P.018 |          |
| 103I.097 | 103P.008 | 103P.019 |          |

## **2.2 Sub-basins between and including Lorne and Mill Creek**

The sub-basins to be sampled in this study area include:

|              |                  |
|--------------|------------------|
| Mill Creek   | (WSC 400-362300) |
| Sedan Creek  | (WSC 400-351000) |
| Quill Creek  | (WSC 400-313700) |
| Wilson Creek | (WSC 400-339200) |
| Insect Creek | (WSC 400-324400) |
| Lorne Creek  | (WSC 400-301700) |

Numerous first to fourth order watersheds, tributary to the Skeena River, are included in this study area yet are not listed above, as most do not have watershed codes yet.

## **2.3 Access**

Road access within the study area is limited. Roads cross many of the tributary streams in the lower reaches yet most of the upper watersheds are pristine. Roads currently extend as far south as Quill Creek (access to two thirds of the study area) and are planned to continue further south during the 2000 season. By July 2000 a bridge will be constructed over Quill Creek. Spur roads extending 3 to 4 kilometers up the Quill and Hammersley drainages are planned for the 2000 season. As there are few roads in the high elevation areas of the study area, inventory crews will be accessing these areas by helicopter. However, the upper Mill drainage can be accessed through the Mill Lake Road. This road parallels upper Mill Creek along and around the Mill Lakes.

## **3.0 BACKGROUND REVIEW**

An extensive background review was completed for the project area. Data sources reviewed include:

- consultant reports;
- SCI planning and stream class information;
- previous inventory data;
- FISS data base and maps and
- DFO/MELP Fish Habitat Inventory and Information Program (FHIIP or SISS) catalogue for Sub-district 4C Hazelton.

A complete list of references and contacts used during the background review is provided in Appendix I. The background review indicated that the following species are present within the study area:

- coho salmon (*Oncorhynchus kisutch*);
- pink salmon (*O. gorbuscha*);
- chinook salmon (*O. tshawytscha*);
- chum salmon (*O. keta*);
- steelhead/rainbow trout (*O. mykiss*);
- Dolly Varden char/Bull Trout (*Salvelinus malma*);

Prior sampling, fish presence and historical features have been added to the planning maps and the FDIS database. These sites will be used to modify the sampling plan and avoid redundancy in sampling efforts.

## **4.0 PROJECT PLAN**

### **4.1 Phase 4: Field Data Collection (Streams)**

Following is an outline of our approach to the field work, clarification of specific sampling methodologies, and an estimate of the effort required. The following sections describe the methodologies and approaches to complete field sampling, data collection and reporting.

#### 4.1.1 Pre-Field Preparation

Pre-field preparations will entail both office activities and logistics planning in co-ordination with members of the project team, the Implementation Contractor and Skeena Cellulose Inc. Fish collection permits have been obtained from the Ministry of Environment, Lands and Parks (MELP) and the Department of Fisheries and Oceans (DFO).

Pre-field preparations will include a crew talk and pre-field training. During the crew talk, safety issues and procedures will be reviewed. All staff will be required to complete pre-field training to review the standards and procedures. Crew members who are not involved in the planning phases will be informed about project specific logistics and requirements. The crew talk and pre-field training will provide a means to ensure that all inventory cards are completed in a standardized manner by all crews and that crews are aware of QA/QC requirements.

#### 4.1.2 Equipment

Triton possesses the majority of field equipment necessary to complete the project. Rental vehicles (4X4 trucks) and hand held radios would be secured prior to the commencement of Phase 4 (Field work).



Each crew will be equipped with a Smith-Root Model 12B backpack electrofisher and other standard field gear (Abney level, hip chain, tape measure, VHF radio, first aid kit, etc.).

#### 4.1.3 Field Assessment

Two person field crews will conduct field work. Crew mobilization will take place using a variety of methods depending on the access available in each watershed. In watersheds where road access is available, crews will drive to the sample sites. In watersheds where road access is unavailable, crews will be transported by helicopter (Bell Jet Ranger) to the sample sites.

Field crews will be supplied with forest cover maps, TRIM planning maps and aerial photographs to assist in locating and accessing reaches of interest (on the ground). Reaches will be largely accessed using compass bearings, hip chains and GPS units. Red and white striped "creek" flagging tape labeled with TECL (Triton Environmental Consultants Ltd.) will be used to mark the surveyed section of stream.

All streams will be surveyed with the intent that the information gathered would be used in developing Local Area Agreements for the study area. In some watersheds it will be advantageous to, rather than pursue Local Area Agreement survey criteria, cover adequate sampling to achieve classifications as described in the Forest Practices Code - Fish stream Identification Guidebook (MoF, 1998). In such cases sample design and logistics will be evaluated in determining the best sampling strategy, in an effort to provide the best product to the client and the province.

#### 4.1.4 Fish Species Sampling

Fish sampling efforts will focus on reaches of <20% gradient (>20% at the FRBC Co-ordinator, Regional Inventory Specialist and Project Manager's discretion (i.e. suspected bull trout, regionally significant species presence)) and will follow the procedures outlined in the *Reconnaissance Fish and Fish Habitat Inventory: Standards and Procedures* (May, 1998) and the *Forest Practice Code's* Fish Stream Identification Guidebook. A minimum 100 m of stream length or a length equal to 10 bankfull widths (whichever is greater) will be sampled in each reach identified for sampling. In addition, intermittent fish sampling may be conducted during travel between sample sites (in an upstream direction), upstream and downstream of barriers and within habitat features (pools, debris jams etc.) that may be utilized by fish.

The presence, relative abundance and diversity of fish species will generally be evaluated through electroshocking at least 100 linear meters of stream length. In areas where return visits are practical, minnow traps baited with salmon roe will be set and allowed to remain for a 24 hour period. This sampling method will be used to supplement electroshocking data, or in areas that are not suited to electroshocking (deep pools, wetlands, and active spawning areas). Other sampling methods, such as snorkeling,

beach seining, and angling may be used where necessary, or where requested by the Project Monitor.

All fish sampling data will be recorded on Fish Collection Forms. The following data and samples will be recorded and collected for fish caught at each sample site:

- species (keyed out using RIC's Field Key to Freshwater Fishes of BC). Special attention will be given to documenting species at risk in Region 6.
- length to the nearest mm (fork length or total length depending on species) determined for 30 random samples of each fish species captured including the longest and shortest fish;
- life stage;
- a representative sample of any abnormal or unidentified fish or a species of fish out of its normal range will be preserved and submitted to the Implementation Contractor as well as all non-game fish captured from each 2nd - 4th order watershed.

For all reaches with non-fish bearing classification a written explanation supporting the classification will be submitted (Non-Fish Bearing Classification Report) in the final report. The explanation will focus on sampling methods utilized during the field program, and water quality parameters, including conductivity and turbidity.

The fish bearing status of streams may be directly supported by sampling data or indirectly inferred based on fish captures in associated reaches, or habitat quality and the occurrence or lack of barriers to fish passage. Should a barrier be located, sampling will focus on covering perennial and non-perennial habitat types above that barrier. Sampling in perennial habitats will follow the Guidelines for Local Area Agreement (LAA) Preparation-Skeena Region (version 2) or the Forest Practices Code - Fish stream Identification Guidebook (MoF, 1998), whichever is best suited to the drainage. This will include sampling perennial habitats above barriers with adequate intensities: stream order  $u/s$  of barrier  $\times 2$  = number of required sites (for the LAA guidelines) and possibly less to satisfy Forest Practices Code standards. Both systems will provide sampling intensities that should allow field crews to cover all spawning, rearing and overwintering habitat types within that particular stream. Minnow traps (10) or a gill net will be set overnight in possible overwintering wetlands and lakes. Where practical, primary or secondary lakes sampling methods will be conducted.

Identification of barriers in the field is critical to describing and assessing fisheries distribution within a particular watershed or stream. Field crews will try to identify these barriers while on site, by either using a helicopter reconnaissance of the stream or by strategically moving sample sites while still in the field. Field crews understand the importance of locating and finding barriers to adequately address distribution. If the proposed plan needs modifications or altering, the project manager will be in contact with Paul Giroux. At the end of each field day crews will meet to discuss data and color code

interpretive maps. This color coding of maps will allow field crews to identify unanswered questions regarding distribution and make proper changes while still in the field.

#### 4.1.5 Habitat (Site) Description

A reach description will be completed for each reach (at fish sampling sites), consistent with the Site Description form and entered into MELP's MS Access database as part of Phase 5. Each sampling site length will be 100 m. or >10 bankfull widths whichever is greater. The following data will be collected at each site:

- reach length
- site length
- stream gradient
- 6 individual channel width measurements
- estimates of bed material size
- measurements of stream cover / riparian vegetation and large organic debris
- channel confinement
- water temperature
- conductivity (ambient)
- flow (see 4.1.6 Water Quality)
- major features (fish passage barriers, log jams, LWD, beaver dams, clay slides, etc.)
- obvious fish habitat limitations or restoration opportunities
- preliminary identification of obvious Fisheries Sensitive Zones as *per Fish-stream Identification Guidebook* specifications.

#### 4.1.6 Water Quality

Consistent with the terms outlined in Schedule A, Triton will sample water quality parameters in the field at each sample site. Parameters will be measured in the field in order to reduce laboratory costs and shipping and receiving requirements. Specifically, Triton proposes to measure air and water temperature using standard field thermometers, pH and conductivity using hand held meters, and turbidity using visual estimates. Water quality measurements will be taken in each sampled reach as specified in the RFP.

#### 4.1.7 Wildlife Observations

Wildlife observations will be noted and specific details recorded. Amphibians, aquatic invertebrates and macrophytes will be described and identified to Order or Family (where practical). Photographs will be taken for further documentation and confirmation. Wildlife observations will be recorded on the Site Card with emphasis placed on species considered rare, endangered or threatened as defined by the Conservation Data Centre.



#### 4.1.7 Photographic Documentation

Photographs will be taken, recorded and presented as per the *RIC Guide to Photodocumentation* (March, 1996). Photographs will be taken of each sample site (including downstream and upstream perspectives), of each feature identified and of representative or unidentifiable fish species. Photographs will be documented on Site Cards and Fish Collection Forms.

#### 4.1.8 Inventory Area Specific Sampling

Through completion of Phases 1-3 we have identified specific reaches within the Study Area to be sampled. Sample sizes are outlined in Table 1.

Table 1. Sample Site Summary.

| <b>Inventory Area</b> | <b>Total No. of Reaches</b> | <b>Number of Reaches to be Sampled</b> |
|-----------------------|-----------------------------|----------------------------------------|
| Kitwanga              | 1688                        | 118                                    |

The criteria for sample site selection was discussed with MELP's Fisheries Inventory Specialist, Mr. Paul Giroux. In order to achieve Reconnaissance (1:20,000) Fish and Fish Habitat Inventory objectives sites were selected using the following criteria:

- where it is necessary to determine fish presence within a sub-basin;
- to address Local Area Agreements and fisheries distribution within the project area;
- inlets and outlets of lakes where it is necessary to determine fish presence within a sub-basin;
- lower order reaches that are likely to delineate the upper limits of fish distribution;
- within or adjacent to proposed cutblocks;
- above and below potential barriers, and around the 20% gradient break; and
- SCI's operational needs.

#### 4.1.9 Lakes Sampling

Lakes have not been specifically selected for sampling. After discussions with Paul Giroux (Regional Fisheries Inventory Specialist) and SCI, lakes to be sampled will be selected after the conclusion of the stream sampling program. It is suspected that no lake sampling will be required as the lakes within the area are either known to contain fish or are high within the watershed in alpine and sub-alpine zones and are unlikely to contain fish.

Should lake sampling be required the following plan will be used.

## **4.2 Lakes Plan**

### 4.2.1 Phase 4: Field Data Collection

Following is an outline of our approach to the field work, clarification of specific sampling methodologies, and an estimate of the effort required. The following sections describe the methodologies and approaches to complete field sampling, data collection and reporting for primary and secondary lake inventories in the Study Area.

### 4.2.2 Pre-Field Preparation

Pre-field preparations will entail both office activities and logistics planning in coordination with members of the project team, the Implementation Contractor and Skeena Cellulose Inc. Fish collection permits have been obtained from MELP and DFO as part of pre-field planning.

### 4.2.3 Equipment

Triton possesses most of the field equipment necessary to complete a lakes project. A rental vehicle (4X4 truck) and programmable VHF hand held radios will be secured prior to the commencement of Phase 4 (Field work). Additional lakes sampling equipment is owned by Triton including, Zodiacs and outboard motors, Van Dorn bottles and depth sounders. A number of electroshockers and cameras, standard stream sampling tools, are also owned by Triton.

### 4.2.4 Field Assessment

Field work for lakes will be conducted by a 2 person field crew. Crew mobilization will take place using a variety of methods, which will maximize the efficiency of the field program depending on specific access available at each lake. For lakes with road access, the field crew will utilize a 4X4 pickup truck. For sites in which road access is unavailable the field crew will be mobilized by helicopter (Bell Jet Ranger) from Quantum Helicopters in Terrace.

The field crew will be equipped with a Smith-Root Model 12B backpack electrofisher, gill nets, minnow traps and other standard field gear (zodiac and motor, clinometer, hip chain, tape measure, Van Dorn bottle, VHF radio, first aid kit, etc.). Utilizing a combination of these methodologies will ensure that field efficiency is maximized and the project target of sampling primary lakes in 2 days and secondary lakes over 1 day is attained.

### 4.2.5 Fish Species Sampling: Primary Lakes

Multi-panel floating and sinking gill nets will be the principal fish sampling method utilized in primary lakes, along with minnow traps and angling. Gill nets (floating and sinking) to be used will follow specifications for standard nets used in reconnaissance level lake inventories in BC. Gill nets will be set with the smallest mesh size at the shallow end of the net set and secured to a point on shore. Gill nets and minnow traps will be allowed to fish overnight for a minimum period of 8 hours. Gill nets will be set in the evening and monitored for approximately 30 - 45 minutes for an indication of catch success. Professional judgment will be applied to reduce the netting effort if early indications of net catch suggest excessive fish mortality will result from a standard two net or overnight set. The depth sounder will be operated while setting gill nets to provide a record of bottom substrates and the presence of submerged logs or snags.

Baited (boraxed salmon roe) minnow traps will be set around the perimeter of the lake within shallow shoal areas. Water depths at trap sites will be between 0.3 m and 1.5 m and the trap entrances will be placed parallel to shore or submerged cover. Styrofoam floats will be attached to the traps with a 1.5 m length of string. Minnow traps will be allowed to fish overnight for a minimum of 8 hours.

Inlet and outlet streams will be sampled using an electroshocker to determine fish species presence and relative abundance.

#### 4.2.6 Fish Species Sampling: Secondary Lakes

Secondary lakes are intended to be 1 day surveys of fish species presence or absence. Gill nets will be set initially upon arrival to a lake and allowed to fish while the field crew completes their limnological sampling and other tasks. Minnow traps will also be set for the day during secondary lake surveys. Fish sampling in streams will not be conducted for secondary lakes unless downstream or upstream reaches are sampled during the concurrent stream inventory.

#### 4.2.7 Fish Species Sampling: General

All fish sampling data will be recorded on waterproof Fish Collection Forms. The following data and samples will be recorded and collected for fish caught at each sampling site:

- species (keyed out using RIC's Field Key to Freshwater Fishes of BC). Special attention will be given to documenting species at risk;
- life stage;
- wet weight (in grams);
- a representative sample of any abnormal or unidentified fish or a species of fish out of its normal range (geographic) will be preserved and submitted to the Implementation Contractor.



Non lethal aging structures will be removed from a sub-sample of fish captured in lakes (generally 30 of each species) to determine the age of cohorts present in the lake. Fish killed in gill nets will have otoliths removed for aging. Aquatic insects, invertebrates and amphibians will be identified, enumerated and released. Unidentified invertebrates will be retained and preserved in buffered 10% formalin.

A reach description will be completed for one reach of the major inlet and outlet streams to each primary lake consistent with the Site Description form and entered into MELP's MS Access database as part of Phase 5. Each sampling site length will be 100 m. or >10 bankfull widths whichever is greater. The following data will be collected at each site:

- reach length
- site length
- stream gradient
- 6 individual channel and wetted width measurements
- estimates of the percentage areas of the different habitat units
- estimates of bed material size, by size class
- compaction of bed materials
- measurements of stream cover / riparian vegetation and large organic debris
- measurements of bank instability
- channel confinement
- percentage of stream bars
- air temperature
- water temperature
- conductivity (ambient)
- discharge
- major features (fish passage barriers, log jams, LWD, beaver dams, clay slides, etc.)
- obvious fish habitat limitations or restoration opportunities
- preliminary identification of obvious Fisheries Sensitive Zones as per Fish-stream Identification Guidebook specifications.

For secondary lakes a visual survey of each inlet and outlet will be conducted to determine the presence of potential habitats that are important to fish.

For all inlet and outlet reaches with non-fish bearing classification a written explanation supporting the classification will be submitted. The written explanation will be included in the final report. The discussion will focus on sampling methods utilized during the field program, water quality parameters including conductivity and turbidity and recommendations for follow-up sampling.

#### 4.2.8 Lake Habitat Descriptions

Bathymetric soundings will be conducted using a Lowrance X-16 electronic depth sounder. The transducer will be mounted on the transom of a 3 m Bombard inflatable boat powered by a short-leg 9.9 hp Johnson outboard.

An E-line transect will be performed along the main (long) axis of the lake to determine the maximum depth in the main basin of the lake. Upon completion of the e-line transect, a shoreline perimeter cruise will be conducted to record lakeshore feature, surrounding terrain, vegetation and aquatic plant descriptions.

Full bathymetric surveys will only be required on primary lakes. The transects will be conducted in a straight line, perpendicular to the shoreline and towards an easily identifiable feature on the opposite shoreline (i.e. point, snag etc.). A constant speed will be maintained for the duration of each transect (1 m/sec). Locational cross-reference points during the transect will be taken as bays, islands and peninsulas are passed. Echograms will be marked with a single solid line to represent the start of each transect and double solid lines to indicate end points. Measurement of lake surface area and drainage area will be determined using a Placom KP-90N digital planimeter.

#### 4.2.9 Water Quality

Triton field crews will sample water quality parameters in the field at each limnology station. EMS numbers will be acquired from MELP prior to the commencement of the field component in primary lakes. Parameters will be measured in the field in order to reduce laboratory costs and shipping and receiving requirements. On primary lakes, water samples will be sent, as required, to a certified laboratory for analysis. Parameters analyzed will follow the Lake and Stream Inventory manual and will be discussed on a case by case basis with the regional Fisheries Inventory Specialist.

Specifically, Triton proposes to measure field air and water temperature using standard field thermometers, pH and conductivity using hand held meters, and turbidity using visual estimates.

Lake limnological sampling will also include a dissolved oxygen/temperature profile, to be completed with a YSI DO probe and a Secchi depth measurement to be taken at the deepest point within the lake. Conductivity and pH will be measured from just below the surface and above the lake bottom. Lake water samples will be collected with a Van Dorn bottle.

#### 4.2.10 Wildlife Observations

Wildlife observations will be noted and specific details recorded. Amphibians will be identified in the field. Abundant invertebrates will be described and field identified to Order or Family (where practical), as will aquatic macrophytes. Photographs will be taken for further documentation and confirmation. Wildlife observations will be recorded on the lake survey form with emphasis placed on species considered rare, endangered or threatened as defined by the Conservation Data Center.

#### 4.2.11 Photographic Documentation

Triton will make extensive use of photography throughout the project. For lakes, a series of lake panorama pictures will be taken from the geographic center of the lake. Pictures will also be taken which highlight geographic features, surrounding country and aquatic vegetation. Other photographs taken on lakes will include evidence of recreational use, wildlife features and fish species (if captured).

Photographs will be documented on Lake Survey forms and Triton's photodocumentation form and presented in the report in a manner that meets RIC standards.

### **5.0 PHASE 5 DATA MANAGEMENT; WATERSHED AND LAKE INVENTORIES**

The office portion of Phase 5 will entail entering hardcopy field notes and field forms into requisite electronic database forms including lake forms, site cards, fish collection forms and Photodocumentation Form 1. ILP's, submitted during the initial phases will be converted to watershed codes and NID's will be converted to UTM coordinates for mapping and geo-referencing purposes. Photographs taken during the field season will be developed and captioned and coupled with Lake Forms/Site Cards where applicable. Additional photographs will be indexed in referenced binders with Photodocumentation Cards and negatives. Bathymetric and lake outline mapping will be completed during Phase 5.

### **6.0 PHASE 6 REPORTING AND MAPPING; WATERSHED AND LAKE INVENTORIES**

The final report will follow the outline provided in the Reconnaissance (1:20,000) Inventory Standards and will include data analyses, fisheries values, stream and riparian classifications and management recommendations. This report will contain fish bearing and non fish bearing classification reports and a table supporting each will include sampling methods, (and effort) habitat conditions, barriers to fish passage and water quality parameters.

For all reaches with non-fish bearing classifications a written explanation supporting the classification will be submitted (Non-Fish Bearing Classification Report). The written explanation will be included in the reach descriptions provided in the final report. The discussion will focus on sampling methods utilized during the field program, water quality parameters including conductivity, turbidity and recommendations.

All final map work will be produced using a GIS software program. Maps produced digitally will include all information as per the requirements outlined in the



Reconnaissance (1:20,000) Inventory Standards. The June 7, 2000 correspondence between Paul Giroux and Triton indicates that 1 (one) mapping product is required rather than a project and an interpretive map product. These maps will be maintained as close as possible to that of the RIC Standard Fisheries Inventory Interpretive map. The reach summary symbol that currently points to sample sites will be replaced with the site data symbol from the Project Maps. Lake summary symbols will be used where appropriate. It will also include: watershed codes (ILP's); stream names; waterbody identifiers; reach breaks; fish sampling sites; fish species; features; stream classification; annotated fish distribution and historical data. Overview maps will accompany the final reports and will show sampling site locations.

## **6.1 Existing Data**

Existing RIC inventory data will be incorporated into the report where applicable and for ease of reference. These results will be used to establish fish presence and distribution throughout the watershed and to facilitate and/or confirm stream Riparian Management Area classifications.

Historical inventory data will be shaded gray on the interpretive maps and will be linked via a unique site number to the original report.

## **7.0 PROJECT TIMELINES**

|                                                 |                   |
|-------------------------------------------------|-------------------|
| Completion of Phase I to III Activities         | July 15, 2000     |
| Completion of Phase IV Activities               | August 31, 2000   |
| Completion of Phase IV Deliverables             | November 30, 2000 |
| Completion of Draft Phase V and VI Deliverables | March 15, 2001    |

## **8.0 PROPOSED STAFF**

|                      |                |
|----------------------|----------------|
| Project Director     | Dave Gordon    |
| Project Manager      | Jason Harris   |
| Fisheries Biologist  | Bryan Williams |
| Fisheries Technician | Eamon Miyagi   |
| Fisheries Technician | Jason Dorey    |
| Fisheries Biologist  | Eva Wichman    |
| GIS Coordinator      | Dave Warburton |
| GIS Technician       | Ed Lem         |

## 9.0 EQUIPMENT LIST

### Fish Collection/Crew

|                                        |
|----------------------------------------|
| 1 electrofisher                        |
| 1 large battery                        |
| 1 small battery                        |
| 1 charger                              |
| 2 anode poles                          |
| 2 cathodes                             |
| 3 pairs of linesman gloves             |
| Fish Collection Permit                 |
| 1 small net                            |
| measuring board                        |
| recovery bucket                        |
| 10 minnow traps                        |
| bait                                   |
| 4 bottle of alcohol                    |
| voucher jars                           |
| Fish Collection Methods and Procedures |
| 1 bottle of clove oil                  |
| scale envelopes                        |
| DNA vials                              |
| razorblade knife                       |
| ziplock bags                           |
| fishing license                        |

### Field Gear/Crew

|                      |  |                   |  |               |                    |
|----------------------|--|-------------------|--|---------------|--------------------|
| 2 compass            |  | first aid kit     |  | hip chain     | bug dope           |
| 2 clino              |  | 2 wool blankets   |  | string        | 2 scale rules      |
| 2 field books        |  | waders            |  | flagging tape | metric thermometer |
| site cards           |  | wading boots      |  | 1 axe         | pH meter           |
| fish forms           |  | aquaseal          |  | file          | conductivity meter |
| individual fish data |  | color film        |  | caulks        | two way radio      |
| duksbak              |  | waterproof camera |  | caulk wrench  | radio frequencies  |

### Misc

|                         |
|-------------------------|
| RIC inventory standards |
| contract                |
| fish identification key |
| project contact list    |
| winch                   |
| jack-all                |
| tire iron               |
| spare tire              |
| shovel                  |
| axe                     |
| Swede saw               |
| rope                    |
| tarps                   |
| planning maps           |
| timesheets              |
| expense claim forms     |
| daytimers               |
| 1 flashlight            |



## **10.0 CONTINGENCY PLAN**

It is critical that sampling be approached strategically, rather than (or in addition to) site based. In cases where sampling could not be conducted, or where conditions for sampling were unfavorable, field crews will utilize strategic selection and professional judgement to relocate sites within the watershed. This will allow maximum sampling efficiency and allow crews to assess barriers and fisheries values throughout the watershed. Triton has proposed that all sample sites (non strategic) upstream of confirmed non-fish bearing sections or that will not provide additional fisheries information be relocated in the field. This number may prove to be in excess of 60% of the random sample sites.

**APPENDIX I**

**Project Phase Completion Report**

**(with associated deliverables)**

**Phase I to III Pre-field Project Planning Report - 1:20 000 Fish and Fish Habitat Inventory  
of the Sub-basins between and including Lorne and Mill Creeks on the North Side of the  
Skeena River within the Kispiox Forest District**

- **FRBC Project Number:** SCI\_C172\_010\_2001
- **FDIS Project Code:** 3476
- **Project Name:** Reconnaissance (1:20,000 scale) Fish and Fish Habitat of the Sub-basins between and including Lorne and Mill Creeks on the North Side of the Skeena River within the Kispiox Forest District.
- **FRBC Activity Number:** 712318
- **FRBC Region:** Skeena-Bulkley Region
- **MELP Region:** Skeena Region 6
- **Forest District:** Kispiox Forest District
- **Project Type:** 1:20 000 Reconnaissance
- **Report Date:** June 30, 2000
- **Proponent:** Skeena Cellulose Inc. (Carnaby Operations)
- **Company/Agency:** Triton Environmental Consultants Ltd.
- **Contact Person:** Jason Harris
- **Contact Phone:** (250) 635-1494
- **Contact E-mail:** jharris@triton-env.com
- **MELP Project Monitor:** Paul Giroux
- **FRBC Coordinator:** Todd Mahon
- **Proponent QA Monitor:**

**List of Deliverables Submitted (Phase I-III)**

| Deliverable Product                                                                                                                                                                                                                            | Received | Approved (QA) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|
| Bibliography (hardcopy and digital)                                                                                                                                                                                                            |          |               |
| List of Contacts (hardcopy and digital)                                                                                                                                                                                                        |          |               |
| Interim Maps with; <ul style="list-style-type: none"> <li>• watershed boundaries</li> <li>• waterbodies with ILP's or watershed codes</li> <li>• reach breaks with NIDS</li> <li>• lakes with NIDS</li> <li>• proposed sample sites</li> </ul> |          |               |
| Reach tables (digital FDIS)                                                                                                                                                                                                                    |          |               |
| Project Plan (hardcopy and digital)                                                                                                                                                                                                            |          |               |
| Lake tables (digital FDIS)                                                                                                                                                                                                                     |          |               |
| Phase completion report (hardcopy and digital)                                                                                                                                                                                                 |          |               |



### Activity Log (Phase I-III)

| Date             | Activity                         | Time Spent |
|------------------|----------------------------------|------------|
| June 25-30 2000  | Review and analyse existing data | 15 h       |
| June 15-30 2000  | Define reach boundaries          | 217 h      |
| June 25-30 2000  | Reach Annotation                 | 50 h       |
| June 25-30 2000  | Transfer existing data           | 20 h       |
| June 25-30 2000  | Basin classification             | 12 h       |
| July 3-4, 2000   | Define reach characteristics     | 125 h      |
| July 6-7, 2000   | Reach sample selection           | 15 h       |
| July 6-7, 2000   | Reach cards                      | 20 h       |
| July 10-15, 2000 | Develop project plan             | 12 h       |
| July 18, 2000    | Phase completion report          | 5 h        |
| July 10-15, 2000 | Bibliography                     | 4 h        |
| July 10-15, 2000 | Contact list                     | 5 h        |
| July 10-15, 2000 | Stream/wetland/lakes tables      | 4 h        |
| July 10-15, 2000 | Compile digital products         | 2 h        |
| July 10-15, 2000 | Compile report                   | 4 h        |

### Summary of Work Completed

A meeting was conducted with Todd Mahon (contract monitor) to obtain information regarding the project specifications and project area.

A background data review was conducted to establish existing information within the working area. These reports were obtained from the Ministry of Environment Land and Parks (MELP) office in Smithers, the SCI office in Carnaby and the BC Conservation Data Centre. A bibliography and contact list was completed (attached).

FISS maps were reviewed and compared with the data collected during the background review. Information that was not included on the FISS maps, as well as new information gathered in Phase 4, will be transcribed to a corresponding 1:50,000 scale National Topographic Scale (NTS) map at Phase 5.

The project area boundaries were delineated on TRIM maps and all streams, wetlands and lakes were assigned, waterbody identifiers or ILP's. Watershed codes and ILP's were assigned using Arcview and FDIS. Detailed map and air photo analysis was conducted in order to identify and classify sub-basins within the study area, to determine reach breaks and to determine individual reach characteristics for all watercourses, lakes and wetlands. The delineation of sub-basins was based on stream order and hierarchy within the watershed.

All watercourses within the study area were divided into reaches and physical features affecting fish habitat suitability (including gradient, confinement, channel pattern and riparian vegetation) were identified.

- Planning for the field sampling portion of this project followed a balanced approach between MELP requirements and SCI's operational needs. Initial sample site selection was undertaken utilizing the FDIS random generator. Further discretionary sites were added to the initial randomly generated sampling sites.

Revisions to the stream sampling plan (alternate site locations) will be revised during Phase 4, which is scheduled to commence on July 24, 2000.

### **Progress and Problems Summary**

Due to the steep morphology of the study area, it is anticipated that barriers to fish may exist low in each watershed, close to the mainstem Skeena River. If this is the case, sample sites, most of which are placed randomly high in the watershed, will be completed in non-fish bearing streams. This is necessary to a point, however, completing order x 3 and 4 sample sites upstream of a barrier is not necessary and a waste of valuable helicopter and crew time. We anticipate several changes to the sampling plan, and as discussed with Paul Giroux and SCI these changes will significantly alter the original sample site selection. Detailed reach planning forms will be completed during Phase 5 and will be submitted as a deliverable for this phase.

No lakes were selected for sampling. Due to the steep nature of the terrain, lakes are not common throughout the study area. The existing lakes are either located in the alpine or in the lower valleys within fish bearing sections of the watersheds. It is anticipated that lake surveys would not play a large roll in determining fish presence throughout the study area.

### **Next Phase Project Plans and Constraints**

FISS updates will be provided with Phase V.

Phase IV (field) is scheduled to commence July 24, 2000

### **Summary of Phase 1-3 Costs**

|                   |             |
|-------------------|-------------|
| Professional Fees | \$24,056.00 |
| Disbursements     | \$1,084.00  |

Costs as per original budget

**Contract Monitor Acceptance**

|                                     |                     |
|-------------------------------------|---------------------|
| Report Submitted By: Bryan Williams | Date: July 20, 2000 |
| Phase Completion Approved:          | Date:               |
| Comments:                           |                     |



## **APPENDIX III**

### **Contact List**

**(information sources relevant to the project area)**

### Contact List for the Lorne and Mill Creeks Planning Area

| Name             | Company/Agency                                           | Title                         | Contact Numbers                      | Date          | Comments                                                                                                              |
|------------------|----------------------------------------------------------|-------------------------------|--------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------|
| Dan Fillier      | Ministry of Forests                                      | Forest Ecosystem specialist   | (250) 842-7600                       | Ongoing       | <ul style="list-style-type: none"> <li>guidance throughout project</li> </ul>                                         |
| Paul Giroux      | Ministry of Environment, Lands and Parks                 | Regional Inventory Specialist | (250) 847-7294 p<br>(250) 847-7591 f | Ongoing       | <ul style="list-style-type: none"> <li>guidance throughout project</li> </ul>                                         |
| Phil Carruthers  | Skeena Cellulose Inc.                                    | Operational Forester          | (250) 842-5399                       | Ongoing       | <ul style="list-style-type: none"> <li>provided operational information (roads, cutblocks)</li> </ul>                 |
| Sig Hatlevik     | Ministry of Environment, Lands and Parks (Smithers)      | Fisheries Technician          | (250) 847-7291                       | July 1, 2000  | <ul style="list-style-type: none"> <li>provided fish collection permit</li> </ul>                                     |
| Todd Mahon       | Wildfor Consulting Ltd.                                  | Biologist                     | (250) 846-5449                       | Ongoing       | <ul style="list-style-type: none"> <li>guidance throughout project</li> <li>supplied relevant SCI FDP maps</li> </ul> |
| Violette Racicot | Department of Fisheries and Oceans                       | Office Support                | (250) 627-3448                       | July 1, 2000  | <ul style="list-style-type: none"> <li>provided fish collection permit</li> </ul>                                     |
| Don Cadden       | Ministry of Environment, Lands and Parks (Prince George) | Regional Fisheries Biologist  | (250) 565-6423 p                     | June 07, 2000 | <ul style="list-style-type: none"> <li>requested info. regarding study area</li> </ul>                                |

### Contact List for the Lorne and Mill Creeks Planning Area

| Name            | Company/Agency                                           | Title                                  | Contact Numbers  | Date          | Comments                                                                                                                          |
|-----------------|----------------------------------------------------------|----------------------------------------|------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Ted Zimmerman   | Ministry of Environment, Lands and Parks (Prince George) | Fisheries Habitat/Inventory Specialist | (250) 565-6852 p | June 07, 2000 | <ul style="list-style-type: none"> <li>requested info. regarding study area</li> </ul>                                            |
| Jeff Lough      | FRBC – Watershed Restoration: (Smithers)                 | Restoration Technician                 | (250) 847-7757 p | Ongoing       | <ul style="list-style-type: none"> <li>requested info. regarding WRP reports and current projects within study area</li> </ul>    |
| Marta Donovan   | BC Conservation Data Centre                              | Assistant Data Manager                 | (250) 356-0928 p | Ongoing       | <ul style="list-style-type: none"> <li>requested rare occurrences for project area</li> </ul>                                     |
| Scott Northrup  | Department of Fisheries and Oceans (Nanaimo)             | Habitat Biologist                      | (250) 756-7275 p | Ongoing       | <ul style="list-style-type: none"> <li>contacted for information regarding completed inventories within the study area</li> </ul> |
| Bruce MacDonald | Department of Fisheries and Oceans (Nanaimo)             | Area Chief (Enhancement Branch)        | (250) 756-7270 p | June 12, 2000 | <ul style="list-style-type: none"> <li>contacted for information regarding completed works within the study area</li> </ul>       |
| Regina Saimoto  | SKR Environmental Consultants                            | Biologist                              | (250) 847-4674   | Ongoing       | <ul style="list-style-type: none"> <li>requested information pertaining to work completed in the study area</li> </ul>            |



### Contact List for the Lorne and Mill Creeks Planning Area

| Name            | Company/Agency                                           | Title               | Contact Numbers  | Date           | Comments                                                                                                      |
|-----------------|----------------------------------------------------------|---------------------|------------------|----------------|---------------------------------------------------------------------------------------------------------------|
| Jim Trask       | Triton Environmental Consultants Ltd.<br>(Prince George) | Consultant          | (250) 562-9155 p | Ongoing        | <ul style="list-style-type: none"> <li>queried whether any work completed by firm in study area</li> </ul>    |
| Dwight Hickey   | Environmental Dynamics                                   | Consultant          | (250) 562-5412 p | June 14, 2000  | <ul style="list-style-type: none"> <li>queried whether any work completed by firm in study area</li> </ul>    |
| Joeseeph DeGisi | Consultant                                               | Fisheries Biologist | (250) 847-3575 p | June 14, 2000, | <ul style="list-style-type: none"> <li>Reconnaissance Lake Inventory reports for project area</li> </ul>      |
| Chris Schell    | Consultant                                               | Fisheries Biologist | (250) 847-0180 p | Ongoing        | <ul style="list-style-type: none"> <li>RIC Inventory expert</li> <li>guidance throughout project</li> </ul>   |
| Dave Bustard    | Consultant                                               | Fisheries Biologist | (250) 847-2963 p | Ongoing        | <ul style="list-style-type: none"> <li>familiar with fisheries resources throughout the study area</li> </ul> |
| John Rustad     | Wester Geographic                                        | GIS Coordinator     | (250) 564-9191 p | Ongoing        | <ul style="list-style-type: none"> <li>queried re. Maps and flightline indeces</li> </ul>                     |
| Lindsay         | Maps BC (Victoria)                                       | Mapping Technician  | (250) 387-3022 f | June 12, 2000  | <ul style="list-style-type: none"> <li>flight lines/aerial photographs</li> </ul>                             |
| Jan             | Nanaimo Maps and Charts                                  |                     | (250) 754-2313 p | June 06, 2000  | <ul style="list-style-type: none"> <li>trim map request</li> </ul>                                            |
| Beth Rogers     | British Columbia Data Conservation Center                | Data Manager        | (250) 356-0928 p | June 08, 2000  | <ul style="list-style-type: none"> <li>data search</li> </ul>                                                 |

### Contact List for the Lorne and Mill Creeks Planning Area

| Name           | Company/Agency                                           | Title                       | Contact Numbers  | Date    | Comments                                                                                                                          |
|----------------|----------------------------------------------------------|-----------------------------|------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------|
| Adam Lewis     | Triton Environmental Consultants Ltd.<br>(Richmond)      | Operations Manager          | (604) 279-2093 p | Ongoing | <ul style="list-style-type: none"> <li>familiar with fisheries resources throughout the study area (Bulkley Inventory)</li> </ul> |
| Steve Jennings | Triton Environmental Consultants Ltd.<br>(Terrace)       | Biologist                   | (250) 635-1494 p | Ongoing | <ul style="list-style-type: none"> <li>familiar with fisheries resources throughout the study area (1-5,000 Inventory)</li> </ul> |
| Eamon Miyagi   | Triton Environmental Consultants Ltd.<br>(Richmond)      | Senior Fisheries Technician | (604) 279-2093 p | Ongoing | <ul style="list-style-type: none"> <li>familiar with fisheries resources throughout the study area (Bulkley Inventory)</li> </ul> |
| Dave Warburton | Triton Environmental Consultants Ltd.<br>(Prince George) | GIS coordinatro             | (250) 562-9155   | Ongoing | <ul style="list-style-type: none"> <li>requested existing inventory maps and databases</li> </ul>                                 |
| Dave Tesch     | Ministry of Environment, Lands and Parks(Kelowna)        | Fish Inventory Specialist   | (250) 371-6316   | Ongoing | <ul style="list-style-type: none"> <li>familiar with fisheries resources throughout the study area (Bulkley Inventory)</li> </ul> |
| Dave Tredger   | Ministry of Environment, Lands and Parks(Victoria)       | Inventroy Unit (Head)       | (250) 387-9588 p | Ongoing | <ul style="list-style-type: none"> <li>confirmation and guidance for protocols and standards</li> </ul>                           |
| Lynn Miers     | Ministry of Environment, Lands and Parks(Victoria)       | Data Administrator          | (250) 387-9564   | Ongoing | <ul style="list-style-type: none"> <li>FDIS database request and ongoing support</li> </ul>                                       |

### Contact List for the Lorne and Mill Creeks Planning Area

| Name          | Company/Agency                                     | Title                           | Contact Numbers                    | Date    | Comments                                                                                                                    |
|---------------|----------------------------------------------------|---------------------------------|------------------------------------|---------|-----------------------------------------------------------------------------------------------------------------------------|
| Sean Cheesman | Ministry of Environment, Lands and Parks(Victoria) | GIS Technicians                 | (250) 387-2579 P                   | Ongoing | <ul style="list-style-type: none"><li>WSC submission and RIC requirements.</li></ul>                                        |
| Patti Neis    | Ministry of Environment, Lands and Parks(Smithers) | Program Secretary/<br>Librarian | (250) 847-7334p<br>(250) 847-7556f | Ongoing | <ul style="list-style-type: none"><li>requested relevant fisheries information from the MoELP library in Smithers</li></ul> |



## **APPENDIX II**

### **Bibliography**

**(data relevant to the project area)**

## ***Bibliography***

**Anonymous. 1991.** Fish Habitat Inventory and Information Program. Stream Summary Catalogue. Subdistrict 4C Hazelton. Department of Fisheries and Oceans. Vancouver, B.C.

**BioLith Scientific Consultants Inc. 1996.** Stream Inventory and Classification in the Kispiox Forest District. September, 1996. Pg 89.

**Hancock, M.J., A.J. Leaney-East and D.E. Marshall. 1983.** Catalogue of Salmon Streams and Spawning Escapement for Statistical Area 4 (Upper Skeena River) April, 1983. Canadian Data Report of Fisheries and Aquatic Sciences, No. 394. 323 pp.

**Silvicon Services Inc. 1999.** 6 Km Crossing, Don Francis Mainline. Skeena Cellulose Inc. files, Carnaby. Hazelton, BC

**Skeena Cellulose Inc. 2000.** Forest Development Plan: Kispiox Forest District. Skeena Cellulose Inc. (Carnaby Operations), Hazelton, BC. 14 mapsheets: 1: 20 000 scale.

**APPENDIX IV**  
**Project Area Sampling Summary Report**  
(with sample site selection)



## Sample Site Selection for Sub-Basins between and including Lorne and Mill Creeks

| SAMPLE_TYPE | WSHD_CODE                   | ILP   | NID   | NID_MAP  | REACH_ID |
|-------------|-----------------------------|-------|-------|----------|----------|
| B           | 400-313700-00000-00000-0000 |       | 21072 | 103I.098 | 7.0      |
| B           | 000-000000-00000-00000-0000 | 10256 | 20568 | 103P.009 | 1.0      |
| B           | 400-324400-29000-59400-0130 |       | 21014 | 103P.008 | 1.0      |
| B           | 400-301700-28100-00000-0000 |       | 21456 | 103I.088 | 4.0      |
| B           | 400-313700-00000-00000-0000 |       | 21067 | 103I.098 | 2.0      |
| B           | 400-313700-00000-00000-0000 |       | 21068 | 103I.098 | 3.0      |
| B           | 000-000000-00000-00000-0000 | 11069 | 21396 | 103P.020 | 1.0      |
| B           | 400-324400-29000-59400-0000 |       | 20431 | 103P.018 | 5.0      |
| B           | 400-350300-30200-00000-0000 |       | 20313 | 103P.019 | 2.0      |
| B           | 400-362300-74700-00000-0000 |       | 21473 | 103P.020 | 1.0      |
| B           | 400-313700-00000-00000-0000 |       | 21071 | 103I.098 | 6.0      |
| B           | 400-324400-29000-00000-0000 |       | 21011 | 103P.008 | 3.0      |
| B           | 400-324400-29000-00000-0000 |       | 20346 | 103P.019 | 7.0      |
| B           | 000-000000-00000-00000-0000 | 11905 | 20549 | 103P.009 | 1.0      |
| B           | 400-362300-74700-00000-0000 |       | 22033 | 103P.030 | 3.0      |
| B           | 400-301700-65700-00000-0000 |       | 21237 | 103I.098 | 4.0      |
| B           | 400-301700-28100-00000-0000 |       | 21372 | 103I.088 | 2.0      |
| B           | 400-350300-70500-00000-0000 |       | 20106 | 103P.019 | 1.0      |
| B           | 000-000000-00000-00000-0000 | 10239 | 20521 | 103P.009 | 1.0      |
| B           | 400-362300-74700-00000-0000 |       | 22032 | 103P.030 | 2.0      |
| B           | 000-000000-00000-00000-0000 | 10244 | 20530 | 103P.009 | 1.0      |
| B           | 000-000000-00000-00000-0000 | 11061 | 21416 | 103P.020 | 1.0      |
| B           | 000-000000-00000-00000-0000 | 11064 | 21395 | 103P.020 | 1.0      |
| B           | 000-000000-00000-00000-0000 | 10236 | 20506 | 103P.009 | 1.0      |
| B           | 400-362300-67500-00000-0000 |       | 21479 | 103P.019 | 4.0      |
| B           | 400-362300-67500-35100-0000 |       | 21376 | 103P.020 | 2.0      |
| B           | 400-324400-29000-00000-0000 |       | 21039 | 103P.008 | 5.0      |
| B           | 400-362300-49200-00000-0000 |       | 21407 | 103P.020 | 1.0      |
| B           | 400-362300-67500-00000-0000 |       | 21347 | 103P.020 | 3.0      |
| B           | 000-000000-00000-00000-0000 | 11000 | 22000 | 103P.030 | 1.0      |
| B           | 400-324400-52900-00000-0000 |       | 20891 | 103P.008 | 3.0      |
| B           | 400-362300-25100-00000-0000 |       | 21419 | 103P.020 | 1.0      |
| B           | 000-000000-00000-00000-0000 | 10288 | 20621 | 103P.009 | 1.0      |
| B           | 000-000000-00000-00000-0000 | 11003 | 22003 | 103P.030 | 1.0      |
| B           | 400-339200-00000-00000-0000 |       | 20542 | 103P.009 | 5.0      |
| B           | 000-000000-00000-00000-0000 | 11002 | 22002 | 103P.030 | 1.0      |
| B           | 400-339200-00000-00000-0000 |       | 20540 | 103P.009 | 3.0      |
| B           | 000-000000-00000-00000-0000 | 10301 | 20003 | 103P.020 | 3.0      |
| B           | 400-339200-20200-00000-0000 |       | 20555 | 103P.009 | 3.0      |
| B           | 400-362300-67500-00000-0000 |       | 21346 | 103P.020 | 2.0      |
| B           | 000-000000-00000-00000-0000 | 11006 | 22020 | 103P.030 | 1.0      |
| B           | 000-000000-00000-00000-0000 | 10242 | 20528 | 103P.009 | 1.0      |
| B           | 400-330700-00000-00000-0000 |       | 20515 | 103P.009 | 5.0      |
| B           | 400-330700-00000-00000-0000 |       | 20514 | 103P.009 | 4.0      |
| B           | 400-330700-00000-00000-0000 |       | 20513 | 103P.009 | 3.0      |
| B           | 400-330700-00000-00000-0000 |       | 20512 | 103P.009 | 2.0      |
| B           | 400-362300-00000-00000-0000 |       | 22015 | 103P.030 | 8.0      |
| B           | 400-362300-00000-00000-0000 |       | 22005 | 103P.030 | 6.0      |
| B           | 000-000000-00000-00000-0000 | 10173 | 20705 | 103P.008 | 3.0      |
| B           | 400-362300-00000-00000-0000 |       | 21332 | 103P.020 | 3.0      |
| B           | 000-000000-00000-00000-0000 | 11001 | 22001 | 103P.030 | 1.0      |
| B           | 400-301700-00000-00000-0000 |       | 21458 | 103I.088 | 2.0      |
| B           | 400-301700-28100-00000-0000 |       | 21364 | 103I.088 | 1.0      |
| B           | 400-324400-00000-00000-0000 |       | 20759 | 103P.008 | 9.0      |
| B           | 400-350300-00000-00000-0000 |       | 20032 | 103P.019 | 8.0      |
| B           | 400-324400-00000-00000-0000 |       | 20766 | 103P.008 | 8.0      |

## Sample Site Selection for Sub-Basins between and including Lorne and Mill Creeks

| SAMPLE_TYPE | WSHD_CODE                   | ILP   | NID   | NID_MAP  | REACH_ID |
|-------------|-----------------------------|-------|-------|----------|----------|
| B           | 400-350300-00000-00000-0000 |       | 20030 | 103P.019 | 6.0      |
| B           | 400-324400-52900-00000-0000 |       | 20781 | 103P.008 | 1.0      |
| B           | 000-000000-00000-00000-0000 | 11005 | 22008 | 103P.030 | 1.0      |
| B           | 400-301700-00000-00000-0000 |       | 21471 | 103I.088 | 4.0      |
| B           | 000-000000-00000-00000-0000 | 10285 | 20610 | 103P.009 | 1.0      |
| B           | 000-000000-00000-00000-0000 | 11007 | 22018 | 103P.030 | 1.0      |
| B           | 000-000000-00000-00000-0000 | 11008 | 22037 | 103P.030 | 1.0      |
| B           | 400-301700-00000-00000-0000 |       | 21483 | 103I.088 | 5.0      |
| B           | 400-313700-34400-00000-0000 |       | 21127 | 103I.098 | 6.0      |
| B           | 400-362300-25100-00000-0000 |       | 21423 | 103P.020 | 5.0      |
| B           | 400-362300-33000-00000-0000 |       | 21409 | 103P.020 | 1.0      |
| R           | 000-000000-00000-00000-0000 | 11063 | 21404 | 103P.020 | 1.0      |
| R           | 000-000000-00000-00000-0000 | 10250 | 20564 | 103P.009 | 2.0      |
| R           | 000-000000-00000-00000-0000 | 11066 | 21402 | 103P.020 | 1.0      |
| R           | 400-324400-00000-00000-0000 |       | 20965 | 103P.008 | 7.0      |
| R           | 400-324400-00000-00000-0000 |       | 21058 | 103I.099 | 1.0      |
| R           | 000-000000-00000-00000-0000 | 11085 | 21465 | 103P.020 | 1.0      |
| R           | 400-313700-71700-36000-0000 |       | 21219 | 103I.098 | 3.0      |
| R           | 000-000000-00000-00000-0000 | 10299 | 20499 | 103P.010 | 1.0      |
| R           | 000-000000-00000-00000-0000 | 10303 | 20502 | 103P.010 | 1.0      |
| R           | 000-000000-00000-00000-0000 | 11123 | 21336 | 103P.020 | 1.0      |
| R           | 400-297600-00000-00000-0000 |       | 21317 | 103I.089 | 1.0      |
| R           | 400-301700-00000-00000-0000 |       | 21231 | 103I.098 | 8.0      |
| R           | 400-313700-00000-00000-0000 |       | 21069 | 103I.098 | 4.0      |
| R           | 400-301700-54800-00000-0000 |       | 21498 | 103I.088 | 3.0      |
| R           | 400-313700-58800-00000-0000 |       | 21270 | 103I.097 | 1.0      |
| R           | 000-000000-00000-00000-0000 | 10163 | 20744 | 103P.008 | 1.0      |
| R           | 000-000000-00000-00000-0000 | 10810 | 21099 | 103I.098 | 1.0      |
| R           | 000-000000-00000-00000-0000 | 10834 | 21037 | 103P.008 | 1.0      |
| R           | 400-350300-00000-00000-0000 |       | 20035 | 103P.019 | 11.0     |
| R           | 000-000000-00000-00000-0000 | 10778 | 21322 | 103I.089 | 2.0      |
| R           | 000-000000-00000-00000-0000 | 10628 | 20005 | 103P.020 | 1.0      |
| R           | 000-000000-00000-00000-0000 | 10772 | 21513 | 103I.088 | 3.0      |
| R           | 400-339200-20200-00000-0000 |       | 20560 | 103P.009 | 8.0      |
| R           | 400-339200-20200-00000-0000 |       | 20558 | 103P.009 | 6.0      |
| R           | 000-000000-00000-00000-0000 | 10879 | 21229 | 103I.098 | 1.0      |
| R           | 000-000000-00000-00000-0000 | 10541 | 20038 | 103P.019 | 1.0      |
| R           | 000-000000-00000-00000-0000 | 10885 | 21242 | 103I.098 | 2.0      |
| R           | 000-000000-00000-00000-0000 | 11062 | 21406 | 103P.020 | 1.0      |
| R           | 400-330700-00000-00000-0000 |       | 20516 | 103P.009 | 6.0      |
| R           | 400-324400-52900-51900-0000 |       | 20890 | 103P.008 | 4.0      |
| R           | 000-000000-00000-00000-0000 | 10239 | 20522 | 103P.009 | 2.0      |
| R           | 400-324400-29000-59400-7810 |       | 20443 | 103P.018 | 1.0      |
| R           | 400-324400-52900-17700-0000 |       | 20822 | 103P.008 | 6.0      |
| R           | 400-324400-52900-00000-0000 |       | 20900 | 103P.008 | 7.0      |
| R           | 400-324400-52900-17700-0000 |       | 20793 | 103P.008 | 3.0      |
| R           | 400-362300-25100-00000-0000 |       | 21420 | 103P.020 | 2.0      |
| R           | 000-000000-00000-00000-0000 | 10893 | 21061 | 103I.099 | 1.0      |
| R           | 400-324400-52900-84100-0410 |       | 20911 | 103P.008 | 1.0      |
| R           | 000-000000-00000-00000-0000 | 10176 | 20710 | 103P.008 | 2.0      |
| R           | 000-000000-00000-00000-0000 | 10041 | 21021 | 103P.008 | 1.0      |
| R           | 400-324400-75200-00000-0000 |       | 20725 | 103P.008 | 5.0      |

Sample Site Selection for Sub-Basins between and including Lorne and Mill Creeks

| SAMPLE_TYPE | WSHD_CODE                   | ILP   | NID   | NID_MAP  | REACH_ID |
|-------------|-----------------------------|-------|-------|----------|----------|
| B           | 400-313700-00000-00000-0000 |       | 21072 | 103I.098 | 7.0      |
| B           | 000-000000-00000-00000-0000 | 10256 | 20568 | 103P.009 | 1.0      |
| B           | 400-324400-29000-59400-0130 |       | 21014 | 103P.008 | 1.0      |
| B           | 400-301700-28100-00000-0000 |       | 21456 | 103I.088 | 4.0      |
| B           | 400-313700-00000-00000-0000 |       | 21067 | 103I.098 | 2.0      |
| B           | 400-313700-00000-00000-0000 |       | 21068 | 103I.098 | 3.0      |
| B           | 000-000000-00000-00000-0000 | 11069 | 21396 | 103P.020 | 1.0      |
| B           | 400-324400-29000-59400-0000 |       | 20431 | 103P.018 | 5.0      |
| B           | 400-350300-30200-00000-0000 |       | 20313 | 103P.019 | 2.0      |
| B           | 400-362300-74700-00000-0000 |       | 21473 | 103P.020 | 1.0      |
| B           | 400-313700-00000-00000-0000 |       | 21071 | 103I.098 | 6.0      |
| B           | 400-324400-29000-00000-0000 |       | 21011 | 103P.008 | 3.0      |
| B           | 400-324400-29000-00000-0000 |       | 20346 | 103P.019 | 7.0      |
| B           | 000-000000-00000-00000-0000 | 11905 | 20549 | 103P.009 | 1.0      |
| B           | 400-362300-74700-00000-0000 |       | 22033 | 103P.030 | 3.0      |
| B           | 400-301700-65700-00000-0000 |       | 21237 | 103I.098 | 4.0      |
| B           | 400-301700-28100-00000-0000 |       | 21372 | 103I.088 | 2.0      |
| B           | 400-350300-70500-00000-0000 |       | 20106 | 103P.019 | 1.0      |
| B           | 000-000000-00000-00000-0000 | 10239 | 20521 | 103P.009 | 1.0      |
| B           | 400-362300-74700-00000-0000 |       | 22032 | 103P.030 | 2.0      |
| B           | 000-000000-00000-00000-0000 | 10244 | 20530 | 103P.009 | 1.0      |
| B           | 000-000000-00000-00000-0000 | 11061 | 21416 | 103P.020 | 1.0      |
| B           | 000-000000-00000-00000-0000 | 11064 | 21395 | 103P.020 | 1.0      |
| B           | 000-000000-00000-00000-0000 | 10236 | 20506 | 103P.009 | 1.0      |
| B           | 400-362300-67500-00000-0000 |       | 21479 | 103P.019 | 4.0      |
| B           | 400-362300-67500-35100-0000 |       | 21376 | 103P.020 | 2.0      |
| B           | 400-324400-29000-00000-0000 |       | 21039 | 103P.008 | 5.0      |
| B           | 400-362300-49200-00000-0000 |       | 21407 | 103P.020 | 1.0      |
| B           | 400-362300-67500-00000-0000 |       | 21347 | 103P.020 | 3.0      |
| B           | 000-000000-00000-00000-0000 | 11000 | 22000 | 103P.030 | 1.0      |
| B           | 400-324400-52900-00000-0000 |       | 20891 | 103P.008 | 3.0      |
| B           | 400-362300-25100-00000-0000 |       | 21419 | 103P.020 | 1.0      |
| B           | 000-000000-00000-00000-0000 | 10288 | 20621 | 103P.009 | 1.0      |
| B           | 000-000000-00000-00000-0000 | 11003 | 22003 | 103P.030 | 1.0      |
| B           | 400-339200-00000-00000-0000 |       | 20542 | 103P.009 | 5.0      |
| B           | 000-000000-00000-00000-0000 | 11002 | 22002 | 103P.030 | 1.0      |
| B           | 400-339200-00000-00000-0000 |       | 20540 | 103P.009 | 3.0      |
| B           | 000-000000-00000-00000-0000 | 10301 | 20003 | 103P.020 | 3.0      |
| B           | 400-339200-20200-00000-0000 |       | 20555 | 103P.009 | 3.0      |
| B           | 400-362300-67500-00000-0000 |       | 21346 | 103P.020 | 2.0      |
| B           | 000-000000-00000-00000-0000 | 11006 | 22020 | 103P.030 | 1.0      |
| B           | 000-000000-00000-00000-0000 | 10242 | 20528 | 103P.009 | 1.0      |
| B           | 400-330700-00000-00000-0000 |       | 20515 | 103P.009 | 5.0      |
| B           | 400-330700-00000-00000-0000 |       | 20514 | 103P.009 | 4.0      |
| B           | 400-330700-00000-00000-0000 |       | 20513 | 103P.009 | 3.0      |
| B           | 400-330700-00000-00000-0000 |       | 20512 | 103P.009 | 2.0      |
| B           | 400-362300-00000-00000-0000 |       | 22015 | 103P.030 | 8.0      |
| B           | 400-362300-00000-00000-0000 |       | 22005 | 103P.030 | 6.0      |
| B           | 000-000000-00000-00000-0000 | 10173 | 20705 | 103P.008 | 3.0      |
| B           | 400-362300-00000-00000-0000 |       | 21332 | 103P.020 | 3.0      |
| B           | 000-000000-00000-00000-0000 | 11001 | 22001 | 103P.030 | 1.0      |
| B           | 400-301700-00000-00000-0000 |       | 21458 | 103I.088 | 2.0      |
| B           | 400-301700-28100-00000-0000 |       | 21364 | 103I.088 | 1.0      |
| B           | 400-324400-00000-00000-0000 |       | 20759 | 103P.008 | 9.0      |
| B           | 400-350300-00000-00000-0000 |       | 20032 | 103P.019 | 8.0      |
| B           | 400-324400-00000-00000-0000 |       | 20766 | 103P.008 | 8.0      |



Sample Site Selection for Sub-Basins between and including Lorne and Mill Creeks

| SAMPLE_TYPE | WSHD_CODE                   | ILP   | NID   | NID_MAP  | REACH_ID |
|-------------|-----------------------------|-------|-------|----------|----------|
| B           | 400-350300-00000-00000-0000 |       | 20030 | 103P.019 | 6.0      |
| B           | 400-324400-52900-00000-0000 |       | 20781 | 103P.008 | 1.0      |
| B           | 000-000000-00000-00000-0000 | 11005 | 22008 | 103P.030 | 1.0      |
| B           | 400-301700-00000-00000-0000 |       | 21471 | 103I.088 | 4.0      |
| B           | 000-000000-00000-00000-0000 | 10285 | 20610 | 103P.009 | 1.0      |
| B           | 000-000000-00000-00000-0000 | 11007 | 22018 | 103P.030 | 1.0      |
| B           | 000-000000-00000-00000-0000 | 11008 | 22037 | 103P.030 | 1.0      |
| B           | 400-301700-00000-00000-0000 |       | 21483 | 103I.088 | 5.0      |
| B           | 400-313700-34400-00000-0000 |       | 21127 | 103I.098 | 6.0      |
| B           | 400-362300-25100-00000-0000 |       | 21423 | 103P.020 | 5.0      |
| B           | 400-362300-33000-00000-0000 |       | 21409 | 103P.020 | 1.0      |
| R           | 000-000000-00000-00000-0000 | 11063 | 21404 | 103P.020 | 1.0      |
| R           | 000-000000-00000-00000-0000 | 10250 | 20564 | 103P.009 | 2.0      |
| R           | 000-000000-00000-00000-0000 | 11066 | 21402 | 103P.020 | 1.0      |
| R           | 400-324400-00000-00000-0000 |       | 20965 | 103P.008 | 7.0      |
| R           | 400-324400-00000-00000-0000 |       | 21058 | 103I.099 | 1.0      |
| R           | 000-000000-00000-00000-0000 | 11085 | 21465 | 103P.020 | 1.0      |
| R           | 400-313700-71700-36000-0000 |       | 21219 | 103I.098 | 3.0      |
| R           | 000-000000-00000-00000-0000 | 10299 | 20499 | 103P.010 | 1.0      |
| R           | 000-000000-00000-00000-0000 | 10303 | 20502 | 103P.010 | 1.0      |
| R           | 000-000000-00000-00000-0000 | 11123 | 21336 | 103P.020 | 1.0      |
| R           | 400-297600-00000-00000-0000 |       | 21317 | 103I.089 | 1.0      |
| R           | 400-301700-00000-00000-0000 |       | 21231 | 103I.098 | 8.0      |
| R           | 400-313700-00000-00000-0000 |       | 21069 | 103I.098 | 4.0      |
| R           | 400-301700-54800-00000-0000 |       | 21498 | 103I.088 | 3.0      |
| R           | 400-313700-58800-00000-0000 |       | 21270 | 103I.097 | 1.0      |
| R           | 000-000000-00000-00000-0000 | 10163 | 20744 | 103P.008 | 1.0      |
| R           | 000-000000-00000-00000-0000 | 10810 | 21099 | 103I.098 | 1.0      |
| R           | 000-000000-00000-00000-0000 | 10834 | 21037 | 103P.008 | 1.0      |
| R           | 400-350300-00000-00000-0000 |       | 20035 | 103P.019 | 11.0     |
| R           | 000-000000-00000-00000-0000 | 10778 | 21322 | 103I.089 | 2.0      |
| R           | 000-000000-00000-00000-0000 | 10628 | 20005 | 103P.020 | 1.0      |
| R           | 000-000000-00000-00000-0000 | 10772 | 21513 | 103I.088 | 3.0      |
| R           | 400-339200-20200-00000-0000 |       | 20560 | 103P.009 | 8.0      |
| R           | 400-339200-20200-00000-0000 |       | 20558 | 103P.009 | 6.0      |
| R           | 000-000000-00000-00000-0000 | 10879 | 21229 | 103I.098 | 1.0      |
| R           | 000-000000-00000-00000-0000 | 10541 | 20038 | 103P.019 | 1.0      |
| R           | 000-000000-00000-00000-0000 | 10885 | 21242 | 103I.098 | 2.0      |
| R           | 000-000000-00000-00000-0000 | 11062 | 21406 | 103P.020 | 1.0      |
| R           | 400-330700-00000-00000-0000 |       | 20516 | 103P.009 | 6.0      |
| R           | 400-324400-52900-51900-0000 |       | 20890 | 103P.008 | 4.0      |
| R           | 000-000000-00000-00000-0000 | 10239 | 20522 | 103P.009 | 2.0      |
| R           | 400-324400-29000-59400-7810 |       | 20443 | 103P.018 | 1.0      |
| R           | 400-324400-52900-17700-0000 |       | 20822 | 103P.008 | 6.0      |
| R           | 400-324400-52900-00000-0000 |       | 20900 | 103P.008 | 7.0      |
| R           | 400-324400-52900-17700-0000 |       | 20793 | 103P.008 | 3.0      |
| R           | 400-362300-25100-00000-0000 |       | 21420 | 103P.020 | 2.0      |
| R           | 000-000000-00000-00000-0000 | 10893 | 21061 | 103I.099 | 1.0      |
| R           | 400-324400-52900-84100-0410 |       | 20911 | 103P.008 | 1.0      |
| R           | 000-000000-00000-00000-0000 | 10176 | 20710 | 103P.008 | 2.0      |
| R           | 000-000000-00000-00000-0000 | 10041 | 21021 | 103P.008 | 1.0      |
| R           | 400-324400-75200-00000-0000 |       | 20725 | 103P.008 | 5.0      |



| GRADIEN           | FORM  | SIZE             |        |              |        |                   |        |               |        |        |
|-------------------|-------|------------------|--------|--------------|--------|-------------------|--------|---------------|--------|--------|
|                   |       | SMALL            |        |              | MEDIUM |                   |        | LARGE         |        |        |
|                   |       | Total            | Sample | Actual       | Total  | Sampl             | Actual | Total         | Sample | Actual |
| 1<br>≤4           | ST/SI | 30               | 7      | 5            | 24     | 6                 | 6      | 21            | 2      | 7      |
|                   | IM/ME | 0                | 0      | 0            | 0      | 0                 | 0      | 0             | 0      | 0      |
|                   | AN/BR | 2                | 2      | 1            | 1      | 1                 | 1      | 1             | 1      | 1      |
| 2<br>>4 and ≤8    | ST/SI | 61               | 11     | 6            | 46     | 10                | 11     | 27            | 2      | 15     |
|                   | IM/ME | 0                | 0      | 0            | 0      | 0                 | 0      | 0             | 0      | 0      |
|                   | AN/BR | 2                | 2      | 2            | 0      | 0                 | 0      | 0             | 0      | 0      |
| 3<br>>8 and ≤20   | ST/SI | 273              | 15     | 15           | 188    | 14                | 22     | 21            | 2      | 6      |
|                   | IM/ME | 0                | 0      | 0            | 0      | 0                 | 0      | 0             | 0      | 0      |
|                   | AN/BR | 0                | 0      | 0            | 0      | 0                 | 0      | 0             | 0      | 0      |
| 4<br>>20 and ≤30  | ST/SI | 168              | 13     | 4            | 96     | 9                 | 3      | 6             | 2      | 2      |
|                   | IM/ME | 0                | 0      | 0            | 0      | 0                 | 0      | 0             | 0      | 0      |
|                   | AN/BR | 0                | 0      | 0            | 0      | 0                 | 0      | 0             | 0      | 0      |
| 5<br>>30          | ST/SI | 569              | 0      | 1            | 148    | 0                 | 0      | 4             | 0      | 0      |
|                   | IM/ME | 0                | 0      | 0            | 0      | 0                 | 0      | 0             | 0      | 0      |
|                   | AN/BR | 0                | 0      | 0            | 0      | 0                 | 0      | 0             | 0      | 0      |
| Reach Total: 1688 |       | Sample Total: 99 |        | Sample % 5.9 |        | Actual Total: 108 |        | Actual %: 6.4 |        |        |

Group 1

Group 2

Group 3

Group 4



## **APPENDIX V**

### **Project/Interpretive Maps**

**(map tube submitted with copy of report)**